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LECTURES
ON
COMPARATIVE ANATOMY
AND
ANIMAL PHYSIOLOGY,

DELIVERED BY

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LECTURE XVIII.

ON THE OSTEOLOGY OF BIRDS.

In the texture and composition of the bones, the class of birds has arrived at the maximum of development known in the animal kingdom. We have seen, from the lowest of the cartilaginous fishes, the bones gaining in the proportion of their solid parts, and consequently diminishing in the proportion of their animal matter. We have observed, however, that in all the cold-blooded vertebrated animals the bones have a coarse fibrous structure, the texture of which is easily seen upon macerating the bones, and removing a part of the animal matter. The most compact of all textures of the bones is found in the animals of this class. The skeleton of birds is composed of pieces that are exceedingly dense in their texture, white, compact, and brittle. These pieces contain much less of the cartilaginous and gelatinous animal matter in proportion to the solid earthy parts. The parietes of the long bones are much thinner, their internal cavities are much greater, and the elements of all the complex bones are anchylosed together, to a much greater extent than in any other kind of vertebrated animals. This high development of the bones of birds appears to be dependent on the great extent of their respiration, and the consequent high temperature of the blood, to the energy thus communicated to their muscular, to their circulating, and to all their systems. We find this increased energy of all their functions strikingly manifested in the rapid ossification and anchylosis of the bones, and the extent to which the ossification has gone through parts that in other animals are not ossified. Here we find that the bones themselves are light and compact air-tubes,—condensing syringes for the air that is forced into them during the rapid descent of the birds through the atmosphere to pounce upon their prey, or to escape from danger when pursued by stronger species.

But the bones of birds begin, in all the species, the march of their development, like the bones of reptiles. When the cavities are first formed in their bones, those cavities are filled in all birds with a thin serous fluid. That marrow, as we ascend from the heavy swimming aquatic birds to the rapacious birds, becomes less and less in quantity throughout the skeleton; the air displaces it, and supplies its place as it is gradually absorbed; so that in the rapacious and all the powerful flying birds, the bones serve as organs of respiration; and if you break the humerus of such a bird and tie its trachea, it will breathe through the humerus, drawing air through that passage into the lungs, and expelling it in expiration through the same bone. But we see the same differences in the extent of the aeration of the bones, as occur in the various orders of birds—from the aquatic to the raptorial species—in watching the rapacious birds themselves from their infancy to their adult state. Their bones were at first like those of the heavy aquatic birds, destined never to soar aloft into the atmosphere; and from that condition of their bones we find them gradually arriving at that light and airy structure which they exhibit in the adult state when they become thin pellucid air-tubes without internal cancelli, and traversed only at their extremities by osseous filaments.

The modifications which we see most remarkable in the skeleton of birds (*NN*),

NN

are connected as in all other skeletons with the living exigencies and habits of the animals. The arms of birds are neither destined to serve as fins for swimming, nor are they organs of prehension, nor pillars of support on the ground, but they are constructed as light wings, to carry the birds through the liquid air, and they are organised solely for that use. But the food of birds is most frequently on the ground or in the water; in taking that food, then, they can derive no assistance in prehension, no support for the trunk from the arms. They rest, like other animals, upon the ground, and their motions upon the ground are effected, not by the arms, but through the medium of the legs alone. Thus we find, that in order to poise the whole trunk of the bird upon its base, formed solely by the sacral extremities, with their lengthened radiating toes, the trunk must be highly inclined, and does not assume that horizontal position which we see it to have in quadrupeds, where it has four distant pillars of support, or in fishes where it is everywhere poised by the dense medium through which they cut their way. We find from this, that the cotyloid cavity for the attachment of the legs in birds, is placed far forwards upon the trunk, and that their pelvic region extends far backwards behind the legs, compared with the position of those parts in mammalia or in reptiles, which move horizontally on all-fours. As the trunk is thus raised obliquely upwards in birds, as in quadrumanous mammalia, in order to be balanced entirely on the sacral extremities, and they have not the means of supporting it in the horizontal position, or bent downwards to the ground, they require to have the neck lengthened, which is a light part of the body, and serves them as arms and hands for prehensile purposes; and in proportion to the length of the legs which raise up the trunk from the ground, do we necessarily find the neck lengthened, to compensate for the lengthening of the legs. This particularly is the case in land birds. The aquatic birds, having their legs constructed more for swimming than for standing, are governed in that by different laws. The short and strong legs of the aquatic birds, placed far backwards to strike the water with most effect, are accompanied, and generally must be accompanied, by a lengthened neck, to reach and to seek their food in the mud at some distance beneath the surface of the water.

Here then we observe the reason of this first important modification of form introduced into the skeleton of birds—the placing of the trunk far backwards upon the vertebral column, or, in other words, lengthening the neck and increasing the number of the cervical vertebræ. Thus they form a striking contrast with the form of the skeleton in those aquatic animals which swim by the motions of their tail. In fishes, in amphibia, particularly such as never quit the water, and in the cetaceous animals, the ribbed part of the trunk, the fixed part of the vertebral column,—is placed far forward, and the rest of the column is free for extensive motion.

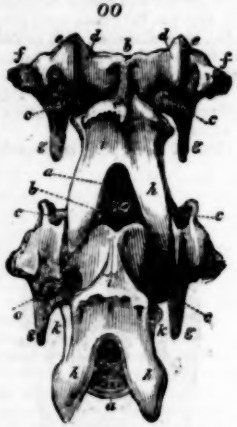
In birds we observe that the elements, the centres of ossification, of the bones, very early make their appearance, very early approach each other, and early anchylose, and this to an extent which is not equalled in any other class of animals. We observe this rapid ossification and anchylosis to affect not only the bones of the skull, but also the whole of the bones of the pelvis, the lower jaw, the scapular arch and clavicles, the sternum, and the vertebral column itself; and many of the tendons and cartilages of the body become ossified—as the sternocostal cartilages or sternal ribs. We see this tendency to ossification even in the tendons of the muscles of the legs, in the formation of the osseous laminæ, placed around the transparent cornea of the eye, and in the ossification of the rings of the trachea and the inferior larynx.

The parts of the vertebral column which admit of motion in birds are the neck and the tail; the trunk is almost as fixed as that of a tortoise, to give strength to the

muscles employed in flight; and the neck (*NN, a*), which is the only arm of the birds, is as pliant as the spine of a serpent. Nearly half the vertebral column is anchylosed to form a sacrum (*NN, f*), which gives off ribs like the detached dorsal vertebræ.

The cervical vertebræ of birds are articulated with each other in such a manner that the upper part of the neck inclines forward, and the lower part inclines backward, so that the birds have generally that graceful curvature—that sigmoid flexure—which you see so beautiful in the swans, in the pelicans, and in other long-necked, aquatic birds. That is chiefly dependent upon the direction of the articular processes (*OO, hh h*) of the cervical vertebræ,

OO



for the vertebræ here, as in the lower classes which we have considered, are united with each other by articular surfaces lubricated by synovia. We have not yet come to animals where the bodies of the vertebræ meet by flat surfaces, between which is placed a soft, elastic, fibro-cartilaginous substance. The bodies of the cervical vertebræ in birds meet each other, are articulated with each other, and play freely over each other. The lower part of the body of the vertebra (*OO, a a*) terminates in a transverse, grooved, and prominent arch, which plays upon a transverse concave and rounded arch, terminating the upper part of the body of the next succeeding vertebra. That transverse direction observed in the development of the body of the vertebra reminds us of what we see in the saurian reptiles, in the lizard tribes, and in most of the saurian reptiles that have the os quadratum moveable.

The processes proceeding from these vertebræ in birds, particularly the transverse processes (*OO, ff*), are strong but short; they allow of great extent of motion, and give a broad surface for the attachment of the muscles that move the neck. They give passage to a very wide foramen on each side for the vertebral arteries and nerves. There are no lengthened spinous processes on the anterior portion of the neck (*NN, a*) to impede the motion of the neck backwards, but the transverse processes are of great thickness, and contain large foramina for the transmission of the cervical portion of the sympathetic nerves on each side, and the vertebral arteries, so large and long in birds. These lateral canals for the vertebral arteries and nerves are almost prolonged from one vertebra to another, by the continuations of the transverse processes tapering backwards (*OO, g ggg*). In these sections of the cervical vertebræ (*PP*) we perceive another illustration of what we have already often seen, that the foramen for the transmission of the spinal marrow is dilated both above and below, in the direction in which the greatest motion is admitted, so that neither the enclosed spinal marrow nor the symmetrical nerves which are entering it are exposed to injury from the extensive motions of these enveloping rings. This we find most marked in those animals, as serpents, which admit of extensive motions between their vertebræ, and in those parts of the column of most vertebrata where the greatest motion is admitted, and where such motions are most likely to affect the enclosed parts of the nervous system, as in the cervical vertebræ of long-necked animals. In the middle of the foramen of the vertebra (*PP, b*) the diameter is least; at the upper and lower extremities of the foramen (*PP, a*) it is wide and funnel-shaped. The cellular texture, even of the interior of the vertebræ for the admission of air, is also seen in these sections of the cervical vertebræ, especially of rapacious birds.

PP

There is not that uniformity in the number of cervical vertebræ in birds which is so remarkable in mammalia. There are always more vertebræ in the neck of birds than in that of quadrupeds, and the number is sometimes more than triple that of quadrupeds, as in the swan, which has twenty-two.

The cervical and the coccygeal vertebræ of birds, as in tortoises and turtles, are the only moveable parts of the column. The dorsal vertebræ (*NN, e*) are impeded

in their motions by every means, except by actual anchylosis, for we find that the spinous processes are developed forwards and backwards to such an extent that they come almost into contact with each other before and behind. Their transverse processes are developed so much forwards and backwards that they also come into contact with each other, frequently pass over each other, and impede all lateral motion in this region of the vertebral column. Spinous processes produced by the compressed carinated form of the bodies of the vertebræ, we frequently find passing downwards from the inferior part of the bodies of the dorsal vertebræ. Every means are taken to consolidate the trunk of birds, to surround it with solid and immoveable parts, to give fixed points of attachment to the muscles of flight; and this is one of the means employed to give this fixed character to the trunk. But the dorsal vertebræ are also frequently anchylosed like the lumbar and sacral. The lumbar vertebræ, or the vertebræ analogous to them, are anchylosed with each other, and to the sacral. The sacral vertebræ (*NN, f*) are more numerous than in any other class, and they are all anchylosed; they are anchylosed also to the iliac bones. We observe that the iliac bones shoot upwards along the sides of the vertebral column, becoming anchylosed to the spinous processes, and to the transverse processes, of many of the vertebræ, to a considerable distance forwards upon the trunk, and downwards to the commencement of the moveable coccygeal vertebræ.

Looking at the interior of the pelvis we generally observe that ribs are developed from the sides of the fixed and anchylosed vertebræ, far posterior to the commencement of the two iliac bones, so that the iliac bones shoot up over a considerable number of what might therefore be considered as dorsal vertebræ,—vertebræ that give attachment to the ribs, as you see in the eagle, in the swan, and other skeletons before you. In the intervals between the transverse processes of the sacral vertebræ are contained the numerous lobes of the kidneys.

The coccygeal vertebræ are moveable and strong in birds, to support the great plumage of the tail, an important organ in directing the flight of birds. They have elevated spinous processes developed; they have the transverse processes also much extended laterally; they have the spinous processes beneath extending downwards. This form they require for the attachment of those vigorous muscles that are to move that large and important organ of flight—the tail; to increase the surface for the support of the expanded plumage we see terminating posteriorly the trunk of birds. The last of the coccygeal vertebræ (*NN g*) has a remarkably compressed, carinated, and arched form, by which its lateral surfaces are greatly increased.

At the anterior extremity of the long and moveable cervical region of the column we observe the head of the bird, with a lengthened and tapering form, corresponding with that of the whole anterior part of the skeleton. This lengthened form of the head depends on that of the jaws and face, and not on the form of the small cranium behind. We have already often had occasion to observe the face thus lengthened and tapered forwards in fishes. We saw it also in gavials and many reptiles. We see it in many of the cetacea; in porpoises, in whales, in grampuses, and in dolphins, so that the lengthening and tapering of the face in birds are not peculiar to them. There are many examples of this, and arising from similar causes, in other vertebrated animals.

The skull of birds (*QQ*) is formed above

by a continuous plate of bone, from the anchylosis of almost all the cranial bones. There is no lambdoidal suture to separate the occipital (*QQ, a*) from the parietal bones (*QQ, b*); there is no sagittal suture to separate the parietals; there is no trace of coronal suture to separate the parietals from the frontal (*QQ, d*). Those original separations have all disappeared at an early period of the ossification. But from the origins and insertions of the muscles in these bones, from their eminences, depressions, and foramina, from the parts

they cover, and from the forms of these bones, we can distinctly see even in the adult state the same bones as in other vertebrated animals composing the cranium and face.

The basilar part of the occipital bone (*RR*), the body of the first cranial vertebra, is short in birds, as in most of the inferior vertebrata, from its belonging to the small cerebral cavity. The sphenoid bone, and all the parts anterior to the sphenoid bone composing the face, have a more lengthened form, and the pterygoid portions of the sphenoid (*RR, h*) remain permanently detached, and diverge laterally to the os quadratum. The body of the occipital bone, or its basilar part, terminates posteriorly in a single condyle, forming a hemispherical eminence placed on the anterior or lower margin of the occipital foramen. This gives great mobility to the connexion of the occipital bone with the slender circular atlas, and the rest of the vertebral column; so that, together with the flexibility of the neck, in consequence of its numerous bones, it enables the bird to use its head as a hand, to touch all parts of its body, to dress and arrange its feathers on the upper, on the posterior, and on the lower surface; and to sleep with its head twisted under the wing, without inconvenience or obstruction to the circulation of the blood.

The uniform smoothness, and the thin diaphonous appearance of the skull, correspond with the want of convolutions on the surface of the brain beneath, for we are now come to animals in which not only the whole cavity of the skull is filled with the cerebral substance, but where the brain is so large, that the form of the head externally corresponds with the form of the cerebral mass within, which we saw was not at all the case in the cold-blooded animals. The two lateral prominent appearances (*QQ, b*) seen on the region of the two parietal bones, mark externally the great development, and the form, of the two smooth hemispheres of the brain, which are here developed so much backwards, that they now cover not only the *corpora quadragemina* or the optic lobes, but even, a little, the large lobed *cerebellum*. The frontal bone (*QQ, o*) is generally so thin, or so detached from the nasal bones (*QQ, f*), as to allow of a motion of the face, or the face is moveable, at the anterior part of the frontal bones, upon the rest of the skull, that we see common in fishes and reptiles, but not in the mammalia. In the loose skeleton of the head of amphibious animals, and of serpents and of lizards, we saw abundant motion in the anterior region of the head, although it was fixed in the crocodilian and in the chelonian reptiles.

The face is moveable in birds upon the rest of the skull, whether there be a distinct articulation, such as you see in parrots and cockatoos, or where there is no articulation whatever, because of the thinness and elasticity of the nasal bones at that part where the face joins with the skull,—admitting, even in the dense and solid skeletons of rapacious birds, of a slight degree of motion at that part. The orbits are enormous in birds, and so are their organs of vision the most perfect and the most important of their organs of sense. The orbits are separated from each other only by a thin translucent lamina of the sphenoid bone, and often that lamina is simply membranous, so that in the skeleton you can see through from the one orbit to the other. This large space is well occupied by those important organs in birds, to supply the place of some of the other important organs of the senses, the sense of touch, for example, which are so deficient in the class of birds. That is the sense which, of all others in birds, would be the most useless to have developed over the surface of their body, or upon their feet; nor is it consistent with the form and the use of their arms and hands. When the bird is describing its graceful curves almost beyond the reach of human vision in the elevated strata of the air, with its eyes intent upon the ground, its other senses are comparatively of little use, it must depend entirely upon its organs of vision, for knowing when to descend upon its prey—when its victim is certainly within its grasp—beyond the power of escape. Thus we see the necessity, in all the living habits of birds, for greatly developed organs of vision in these large orbits, which we see occupying so great a portion of each side of the head.

The petrous and the squamous parts of the temporal bone are anchylosed together, and the temporal bone is anchylosed to the parietal; but the tympanic element (*QQ, l*) of the temporal bone is not anchylosed to the other elements of that bone. The *os quadratum*, as this tympanic element is commonly called, remains moveable, as in most of the inferior vertebrata—a most important part of the structure of the bird's head. The concave articular surface of the lower jaw moves upon its convex under surface. It moves freely, and greatly widens the gape of birds by its extension forwards. This tympanic bone moves the long, slender, straight, zygomatic bone below the orbit—it moves the superior maxillary bone, and the whole face upon the frontal bones, so that the motions of this os quadratum have an in-

fluence in the elevation of the upper jaw, as well as in the depression of the lower jaw, thus widening the mouth where, as in serpents, there are no hands to hold the food, or to assist in its subdivision, and where it must generally be swallowed entire, from want of teeth to cut it.

The bones of the face are anchylosed with each other, like those of the skull, so that we do not see the boundary of the intermaxillary bones, where they unite with the superior jaw bones; and BLUMENBACH says, they have no intermaxillary bones. We do not, however, look, in birds, where there are so many anchyloses joining the separate bones, for distinct sutures, to exist between the intermaxillary bones and the upper jaw bones. These intermaxillary bones have here their ordinary place—the place which we see them to occupy in the bill of the *ornithorhynchus*, and in the lengthened tubular bird-like muzzle of the *echidna*. The palatine bones (*RR, i i*) are largely developed, both

RR

in length and breadth in birds, and they leave a considerable intervening open space between them. In the recent state there is a wide fissure in this part in the middle of the palate. Some have looked upon this median divided structure as an illustration of the gradual junction of the two sides of bones, and all other symmetrical organs upon the median plane during their progressive development, and have considered this as analogous to that which we see in the human body at an early period of existence, when the palatine bones do not meet each other on the median planes, nor does the soft part of the palate, nor do the parts of the upper lip meet in the middle; indeed, sometimes they are retarded in their development, and thus prevented from meeting at all during life, producing the harelip which we so often see as a monstrosity in our species, and which, like most other forms of monstrosity in us, is only a regular or normal form of structure in inferior grades of animals.

We observe the nostrils (*QQ, g*) to be generally large and wide externally in birds, but the turbinated bones are small, and for the most part soft and cartilaginous, forming a membranous structure or convoluted cartilage upon which the olfactory nerves are spread, which come through the back part of the large orbit to the nose, as you see in this *osprey* or sea eagle, there being no perforation for these nerves in the thin cancellated structure of the ethmoid and sphenoid bones, separating the orbits, and here filled with air.

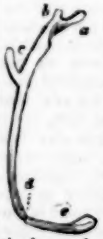
The form of the upper jaw and of the lower jaw (*RR, f*) in birds, varies more than any other part of the skeleton. They vary according to the kind of food upon which the animals live. The study of the various forms presented by these bones, and of the horny mandibles that cover them—the bills of birds—forms an interesting subject for the zoologist; they form a principal part, indeed, of the characteristic differences of the species of the feathered tribes. Being organs so immediately connected with food—with digestion—their forms are adapted to the most important function of their economy, that function which has the most immediate and powerful influence over all the rest of their organization.

In some birds we see the jaws compressed and much lengthened, and terminating suddenly in a hook formed by the curved upper bill, which is the best shape for pouncing upon a fish, while the bird is swimming or flying over the surface of the water, and hooking and tossing the fish, up into the air, that it may catch it in the proper position for swallowing the fish, without danger from its sharp spines and scales. That structure you see, therefore, in the gulls, albatroses, and other fishing birds. The wood-peckers have the bills compressed, terminating in a long narrow point. That is the best form for being insinuated into the crevices of the decayed bark of trees, from which, with their long slender tongue, horny at the point, they scoop out the small insects, larvæ, centipedes, spiders, and worms, on which they feed. The short, broad, and powerful jaws of the parrots and cockatoos, with their upper mandible loosely articulated to the cranial bones, are the best adapted by their hardness and strength for breaking nuts and such-like food, found on the trees on which they climb and on which they feed. This flat and expanded form of the jaws and the bills, which we see in this spoon-bill, and which structure is more or less repeated in many of the aquatic birds, as in these swans, and ducks, and mallards, and geese, and pelicans, is the best for feeling

in the mud, or in the running brooks, or under the surface of the water, for worms, fishes, and other similar food; for seizing them, for holding them, and for washing them, and removing the mud from them; and we observe that those birds have often the outer surface of the margins of their bills covered with a black membrane, which is thin, soft, and highly sensible, that the second and the third branches of the fifth pair of nerves may be spread largely upon that part of the face and lips, to give them great sensibility in that region, that they may feel with their lips what they cannot possibly see with their eyes. Birds that must, like the lion and the tiger, encounter their prey with open force, and tear the bleeding members piecemeal from their victims, must have a dense horny bill, strong as bone, the jaws short, strong, and massive; the upper jaw bent suddenly, so as to pierce like the canine tooth of a carnivorous quadruped; the edges of their jaws sharp and cutting, and the bills that cover them exceedingly dense, sharp, and strong, as we see in these eagles and hawks and vultures. So, in fact, the forms of the jaws and bills of birds are remarkably varied, but all of them are beautifully adapted to their kind of food; so that you observe, that by the form of the bill of the bird, as by the forms of the teeth of a quadruped, you could form a conception of the kind of structure of their intestinal canal, of the structure of their first, second, and third stomachs, the form of their two cæca, of the colon, and of the general form, extent, and development, of their whole digestive apparatus. But you could form also an idea of the forms of the claws which they had,—the shape of the foot,—whether it was a bird that had webbed feet to swim on the water, or had the strong talons of the eagle to grasp its prey, and to carry it to its young in the cliffs. You could even have an idea from that of the general structure of the skeleton, whether organised for flying, climbing, perching, or swimming, the power of flight which they had in the living state, and the general development and disposition of their muscles. You could also have a key, from the formation of the jaws, to the distribution of the bloodvessels over the system, to the parts that were most supplied with the vital fluid; to the distribution, consequently, of their nervous system; in short, from the bill of the bird, from the forms of the upper and lower jaws, and of the intermaxillary bones, more than from any other part of the skeleton, we could judge of the general organization, of the kind of food, of the peculiar instincts, and the whole living habits of the species. Were these jaw-bones in birds covered, as they are in quadrupeds, with muscles and highly-sensible lips, how could they thrust their jaws into the earth for the grains or insects, or strike them with such force upon the solid surface on which the insect or worm is moving to escape, or use them with safety for any of the various purposes to which they apply these hard prehensile instruments? It is a wise provision, therefore, to cover them with this dense, horny, and insensible texture; and their blunted sense of touch in this part is amply compensated for by the high development and exquisite mechanism of their organs of vision, and by the delicacy of their senses of smell and hearing.

The os hyoides forms an important arch in birds, and is here remarkable for the longitudinal development of all its elements, especially of its cornua or ceratohyal portions, according to the philosophic nomenclature of Geoffroy St.-Hilaire, which elements of the hyoid bone are often seen extended so far backwards that they curve upwards behind the occipital bone and even arch from behind forwards over the skull. We have seen that the face and mouth are long in birds, and so are the tongue and the lingual portions of the os hyoides, the basihyal and the glossohyal elements of that bone.

Here, as in inferior classes of vertebrata, we still have false ribs anterior as well as posterior to the true. The ribs cover and protect almost completely the sides of the short trunk (*NN*) of birds, and afford a broad and comparatively fixed surface for the attachment of the powerful muscles of the wings. They have a very secure double attachment to the sides of the vertebral column. Their vertebral extremity (*SS, a, b*) is much compressed, presenting its sharp edge to the cavity of the trunk, and the sternal extremity is compressed in the opposite direction, presenting its broad concave surface to the cavity of the trunk. The head of the rib (*SS, a*), placed at the end of a long and curved neck, is attached to the side of the body of the vertebra, and their prominent articular tubercle (*SS, b*) is firmly attached to the termination of the transverse process of each dorsal vertebra. They have the thickest and strongest part placed towards the side of the vertebral column, where they exhibit a very compressed form from before backwards; but passing forwards, the rib, you observe, becomes compressed from without inwards, so as to



present a broad surface externally. The ribs of birds have, especially towards the middle of the trunk, a process (*SS, e*), extending backwards and upwards, as if a bifurcation of the rib. We have already seen bifurcated ribs a common structure in fishes; we have seen bifurcated transverse processes common in serpents; we saw in the boa constrictor that all the coccygeal vertebræ which were placed immediately behind the anus had long double transverse processes extended from them; but in the birds this part tends to envelop and consolidate the trunk, to give a strong and broad surface for the attachment of muscles, and to shield the trunk more in solid bone.

We observe the transverse processes of the vertebræ, as well as the spinous processes, developing forwards and backwards, so as to pass over each other and to assist in preventing motion; thus the transverse processes at their termination are directed forwards and backwards. This is most obvious and most developed in the dorsal vertebræ. By the great development of these transverse processes, they further assist in strengthening the attachment of the ribs to their extremities.

The ribs of birds terminate anteriorly in an articulation (*SS, d*) with the sternal ribs (*SS, e*), so that upon looking at the trunk of a bird, we would imagine that the ribs themselves were jointed; and in the act of respiration the motions of the trunk chiefly take place at this point of articulation between the ribs and the sternal appendices. The ribs of birds we find to pass forwards, to be fixed to those sternal appendices on all the middle part of the trunk of the body; but anteriorly and posteriorly there are false ribs; these are anterior to the true ribs as you observe in the eagle and in several gallinaceous birds before you; there are ribs that do not touch the sternum, anterior to those that do touch it.

This is a structure to which we are led from examining the structure of reptiles where this is common; we saw that in serpents all ribs were false ribs, there being no sternum, and in fishes also that all those on the sides of the trunk were false ribs, not being fixed anteriorly. This circumstance is interesting on account of what we see even in some of the mammalia that come nearest to birds,—that there are short asternal ribs anterior to those which reach the sternum, which are quite free at their anterior or distal terminations. The sloth has asternal ribs of this kind—the three-toed sloth; it has upon the eighth cervical vertebra, and upon the ninth cervical vertebra, as these vertebræ are commonly called, rudimentary short ribs, extending from the ends of the transverse processes, and these transverse processes are not pierced by the canal for the vertebral arteries.

From the extremities of the ribs we observe that the ordinary cartilages, which in quadrupeds are flexible and soft, in birds form solid bones (*SS, e*), which pass obliquely forwards to be articulated to the sides of the upper portion of the sternum by distinct articular surfaces; and upon this part of the sternum they have a free and extensive motion, an important part in the respiration of birds, by means of its solidity and mobility. In the act of inspiration in birds, the whole sternum covering the abdominal surface of the trunk is carried forwards in one piece, and is moved back towards the vertebral column in the act of expiration. This motion is chiefly effected by means of the articulations between the sternal and the vertebral ribs, and between the sternal ribs and the sides of the sternum; by the ossification of these sternal appendices the free articulations were necessary, and greater solidity is thus given to the trunk, while it retains the requisite freedom of motion for the very extensive respiration of the animals of this warm-blooded oviparous class.

The sternum (*TT*) of birds is one of the most remarkable and characteristic bones of the skeleton. It is remarkable for its great development, for the extent of the surface of the trunk which it covers, and it is remarkable also on account of the element of that bone, which is chiefly employed in its extension. It is almost peculiar for that prominent carinated appearance which it presents in front, produced by an elevated external median ridge, sometimes solid, sometimes hollow—solid and strong in the rapacious birds, and largely developed—solid where the birds possess great power of remaining on the wing for a long time, great power in the pectoral muscles. But it is thin and feeble in birds which are either destined to find their food upon the ground, or which use their muscles of flight but little, from their aquatic life.

We observe that the sternum frequently has its crest hollow within, opening externally at its superior margin. This is most often met with in aquatic birds, where we find the trachea passing into the cavity thus formed in the crest, as you observe in the wild swan. This bone, like most of the other bones of the skeleton, freely admits air into its interior, where it presents a very loose cancellated texture. It has, therefore, in all parts, notwithstanding its magnitude of surface, a lightness, a compactness, and a density of texture, which we see marked in all the

bones where the extent of respiration is great: and we observe on the upper and inner part of the sternum the open passages through which the air gains admission into the cellular texture of the sternum. You find these large in the rapacious birds—large even in the aquatic birds, to aid them in swimming. The upper part of the sternum (*TT*) upon each side has an articular surface, long and deep, for the reception of the two strong coracoid bones (*TT, c*). Along its sides, towards its upper part, we observe numerous deep depressions which receive the extremities of the sternal ribs (*TT, s s*) which play freely in these deep articular depressions. The surface, externally, of the sternum, is marked by ridges that indicate the limits of attachment of the large and small pectoral muscles, for those muscles cover the whole exterior surface of this very large sternum; indeed it is chiefly on account of the magnitude of the pectoral muscles that this bone has been extended downwards so far, and is of a solid unyielding texture over the whole anterior part of the abdomen. The lower extremity or posterior margin of the sternum, is that which presents the greatest variety in its appearance. In some birds, as you observe in this *great condor* of the Andes, in this *golden eagle*, and in this *osprey*, it is ossified across completely from the one side to the other at its posterior margin. But in the aquatic birds, as you see in these swans, in these divers, and in these ducks, there is a considerable part of the posterior margin deficient, and its place is occupied only by a membrane. But in the gallinaceous birds the posterior margin is frittered down to the narrow terminations of several separate bones, as you see in the turkey, and in this peacock (*TT, n q*). It is, in fact, in these heavy gallinaceous, and in the running birds, that the sternum is the least required. They feed, like ruminating animals, upon what they find on the ground. Their heavy bodies are but ill-adapted for extensive flight through the air, and their sternum is at all times but imperfectly developed, and in a lower condition, consequently, as to the consolidation of its elements; that, therefore, is precisely the tribe of birds in which we ought to seek for the separate elements still detached of this complex bone. In

the rapacious birds, the diurnal rapacious birds especially, the elements are quickly ossified and solidly anchylosed, therefore you see the whole sternum one solid aggregate of anchylosed bones. But in the gallinaceous birds, the little use made of this bone is accompanied by a slow development of all its elements, and they slowly meet, slowly unite, and never present that complete and extensive ossification which we see in powerful birds that are destined by their muscular efforts to soar aloft into the regions of the air.

Looking at the sternum of the gallinaceous bird, then, as in this of the common peacock (*TT*), we see at the upper and middle part, a compressed narrow ridge (*TT, l*) extending upwards a considerable way. That prominent ridge is composed of two small bones, which meet each other, and anchylose together by their flat surfaces. In the adult bird, therefore, it is a solid projecting thin single bone. It is thus composed of two distinct elements, situate one upon each side, at the upper or anterior extremity of the sternum; these are the two *episternal* pieces (*TT, l*) united and anchylosed firmly together. These two bones rest upon the upper extremity of the crest of the sternum. And you will observe that that crest can generally be traced downwards to near the posterior termination of the bone; it in fact belongs wholly to a single median element. It is the *entosternal* bone (*TT, o*), or the entosternal element of this aggregate of anchylosed bones. On the upper part of the two sides of the entosternal element you observe a bone, the boundaries of which are marked by sharp ridges, a bone which receives upon each side the articulation of the sternal ribs (*TT, s*) —these are the two *hyosternal* bones. From the lower extremity of these two small hyosternal bones you observe in this turkey, and in many other gallinaceous birds, a bone which in its lower portion is bifurcated, extending downwards; these, placed one on each side, are the two *hyposternal* bones (*TT, n*). At the extremity of the very long entosternal piece, posteriorly, you will generally observe in the recent birds, a curved, tapering, cartilaginous termination. This lower or posterior termination of the sternum, of a cartilaginous consistence, is composed of two elements, placed in the position of the xiphoid cartilage in the human sternum; they form the two *xiphisternal* pieces (*TT, p*). So that in the bird's sternum, we can trace the same nine distinct elements which exist in the sternum, so largely developed, of the turtles and the tortoises (*LL, Figs.* 1, 2).

Now, which element in the bird's sternum is the most largely developed? Obviously the entosternal piece. And it is a beautiful arrangement in the osseous part of this class of animals to have their only median element employed to construct that large portion of the sternum which is to be most exposed to the violent tearing action of by far the largest and most powerful muscles in the body of the bird. It is interesting to observe that this complex bone has that particular median element the most developed, and that all the other elements around it are small, and very early aggregated and anchylosed together to constitute this large and solid bone. Had the median suture extended down nearly through the whole sternum of the bird, as in the tortoise (*LL, Fig.* 1), where the entosternal piece is a very small element, it would have been liable in the bird to be torn asunder at that suture, when the bird began to exert its pectoral muscles and its little wings to imitate the parent in its flight.

These parts of the sternum vary so much in their forms in different kinds of birds, particularly the two posterior elements, the xiphosternal and the hyposternal pieces, together with the elevated crest on the middle of the entosternal piece, that some naturalists have thought of taking the principal characters for the subdivision of the class of birds, from the forms presented by the elements of this bone.

Birds are oviparous warm-blooded vertebrata, organised to fly through the air. The active apparatus chiefly employed in that mode of progression, are the muscles of the chest, which move the humerus. Those muscles have their attachments chiefly to the sternum. The sternum, therefore, is the most important bone connected with the living movements, habits, and instincts of birds; so that in seeking for the means of subdividing this class of animals, if we look for our characters in the skeletons, those characters might be sought for in the forms of the sternum. Two important modifications of its form present themselves in the class of birds; the one is that which pervades nearly the whole class having an elevated crest extending along the entosternal bone; that is the normal or common form of the sternum in this class. But we find some birds approaching in many essential characters so near to quadrupeds, that even the sternum in them is destitute of its usual crest, as you see in the ostrich; this forms, therefore, the typical character of a separate little group.

Taking a view of the forms of the sternum and of its separate elements in the skeletons of the birds now before you, it must strike you, that notwithstanding a little difference is observed in the relative development, especially of the two hyposternal pieces, that there is a great resemblance and uniformity in the other parts; that these nine elements, although varying a little in their degree of development, are yet in their ordinary position in all these different forms of the sternum in the birds before you. When we look, however, at the sternum of the young ostrich, we find it begins and continues its ossification and development by two large lateral plates, one on each side of the median plane. That I have seen also in the skeleton of the young *rhea*, the young American ostrich. This would naturally at once occur to you as an exception quite at variance with the ordinary rule. Much stress was laid by the late illustrious Baron Cuvier on this anomalous mode of development and composition of the sternum in the ostrich. He considered this as a striking proof that there was not the pretended unity of composition in the sternum of birds. It was, therefore, in his hands a powerful argument against the views of his learned contemporary and colleague Geoffroy Saint Hilaire, who has shown, in almost every part of organised beings to which he has directed his attention, that there is an extraordinary unity of plan in their organic elements, which often does not at first appear, but requires exceedingly minute and careful examination at different periods of life, in tracing back their forms to the earliest periods of formation, to discover. He has considered that the osseous parts which we find in the birds are but modified forms of the common elements of the human skeleton; nay, parts of the birds that we would little at first imagine to exist in the human body, as, for instance, their complicated inferior larynx. But it has been shown that these vocal parts are only the ordinary rings of the trachea modified in their forms, to produce that curious apparatus so important in the economy of birds, the inferior larynx.

The muscles that move the inferior larynx, on which the melody of the feathered tribes so much depends, were shown many years ago to exist even on the human trachea, so that we can see but obscurely the extent to which this unity of plan may pervade the organization of animals.

When we look to the sides of the sternum of the ostrich, to the sides of those two large lateral plates, which by their development meet in the middle, and form this remarkable sternum without a crest,

we see that it is deeply marked by the articulations of the ribs; that, in fact, it is composed of the two *hyosternal* pieces usually seen to give attachment to the sternal ribs. What had the ostrich to do with a crest on the sternum, or an entosternal piece? That is a part of the sternum which projects in ordinary birds to give a large surface for the vast pectoral muscles, by the action of which the arms are to strike the air with such force as to carry up the whole body like a balloon into the atmosphere; but as to the ostrich and the rhea, those heavy birds that, like the quadrupeds, are seen grazing on the plains, never attempt to rise from the ground. They are the birds which of all that are known come nearest to quadrupeds in every peculiarity which they present in their internal structure. The elements of the sternum, which *a priori* we should expect to find most developed in birds of that heavy character, would be precisely these hyosternal parts which give attachment to the ribs, and to the coracoid bones, and these are the only elements which are developed or required in the sternum of the ostrich.

CLINICAL LECTURE

ON CASES OF

VENEREAL DISEASE,

Delivered at the Jervis-Street Hospital, Dublin, 1833.

By WILLIAM WALLACE, M.D., M.R.I.A., &c. &c.

One of the Surgeons to the Hospital; and Surgeon to the Dublin Infirmary for the Treatment of Diseases of the Skin, including Venereal Diseases.

GENTLEMEN,—My last lecture on the venereal disease was occupied with the consideration of two important questions, namely, "Has the nitrate of silver, applied as an escharotic, the power of arresting the progress of the primary syphilitic ulcer?" and "Has mercury, internally administered, the power of dispersing the primary syphilitic bubo?" By an examination of the reports of all the cases we then had time to consider, we were led, respecting both questions, to a conclusion in the affirmative. Now I find that the reports of the cases examined by us on that occasion, form less than a third of the total number of almost precisely a similar kind, which have been noted in the course of this season, and perhaps not a tenth of those which have been treated during the same period in a similar manner, and with similar results. I do not, however, deem it necessary to proceed further with the consideration of these questions; for what has been already said cannot, I think, fail to create a conviction in the minds of all unprejudiced persons, that the nitrate of silver has a powerfully controlling influence over the progress of the primary syphilitic ulcer, and that mercury has a similar influence over the progress of the primary syphilitic bubo, when these remedies are used according to certain principles. There are, however, some important questions closely connected with those already considered, which may for this morning very advantageously occupy our attention. For example, it is affirmed by persons opposed to the application of the nitrate of silver, that although it may control the progress of the primary syphilitic ulcer, it is very apt to excite bubo; that, although it may on some occasions arrest the progress of the primary syphilitic ulcer, it will often produce inflammation or irritation in that ulcer, and cause its increase; and, lastly, that although the primary syphilitic ulcer may be healed rapidly by the action of caustic, it will be healed with equal rapidity if treated with other applications, such as the black-wash; which, as they are free from the risk of producing bubo, or of increasing inflammation or irritation of the sore, it would be far more prudent to use, and avoid an application which may be followed by extremely unpleasant consequences. I need scarcely observe, that if these assertions are true, the practice of applying caustic to the primary syphilitic ulcer should be abandoned. But,

1st. Is the nitrate of silver, when applied as an escharotic to a primary syphilitic ulcer, unaccompanied by bubo, apt to produce a bubo?

2ndly. Is the application of the nitrate of silver as an escharotic to the primary syphilitic ulcer, when in the stage of ulceration, apt to irritate or exasperate this ulcer?

3rdly. What is the rapidity with which the primary syphilitic ulcer heals when treated with the nitrate of silver as an escharotic, compared with the rapidity with which the same ulcer heals under the influence of other applications?

Such are the questions which I propose to consider in the present and the next lecture; and now to speak of the first:—

1st. *Is the nitrate of silver, when applied as an escharotic to a primary syphilitic ulcer, unaccompanied by bubo, apt to produce a bubo?*

It might with justice be affirmed, that the first question has been already answered in the negative; for, if the nitrate of silver does not cause, as in the last lec-

ture I proved to be the case, an increase of a bubo already formed or forming, it might be argued, *a fortiori*, that it will not excite the lymphatic glands which are in a state of tranquillity. It may be urged, however, in opposition to our drawing this conclusion from the cases already considered, that in them the mercury employed in conjunction with the caustic, controlled the formation of bubo, and that if mercury had not been used, the same consequences in respect to this event would not have been observed. Let us, therefore, examine the reports of some of the numerous cases which you have seen treated with the nitrate of silver and without mercury, and see what the results have been. I must premise that this is a point of great importance to determine, as cases will often occur in which it may not only be prudent, but highly necessary, to apply the caustic, although it would be very imprudent to use mercury; and it will be satisfactory to know whether caustic may be used in such cases without any apprehension of the patient being thereby subjected to the risk of so unpleasant an occurrence as a bubo.

CASE 1.—*Primary Syphilis on the common Skin of the Penis, and Discharge from the orifice of the Prepuce, treated with the Nitrate of Silver and without Mercury.* Andrew Spotiswood, aged 59.

1st day. Three primary syphilitic ulcers seated on the common integuments of the side of the penis; the largest is the size of a kidney bean, and the smallest is as large as a field pea. Their surfaces are of a dusky-white colour. They are surrounded by a faintly-red areola, and are very painful, particularly at night. There is phymosis, with tumidity and redness of the penis, and discharge from the orifice of the prepuce. The glands of the groin are free from all uneasiness and swelling. These complaints commenced about three weeks ago. He says the discharge from the orifice of the prepuce, and the phymosis, preceded the ulcerations on the body of the penis. The surfaces of the ulcers were cauterized with the nitrate of silver, and lint covered with adhesive plaster was applied to them. A dose of the sulphate of soda was directed.

2nd day. Although the ulcers retain the general appearance produced yesterday by the action of the nitrate of silver, on looking narrowly at the largest of them, the slough formed by the caustic appears at one side to be separating. Says the pain in the ulcers has ceased, but complains of pain, when urining, in the orifice of the penis. The prepuce, as well as the whole penis, is less swelled and red. The sores were dressed with lint covered with adhesive plaster.

4th day. The sloughs caused by the nitrate of silver have separated. The surface of the largest ulcer is of a pale red colour, and presents some slight appearance of the healing margin. The surfaces of the two other ulcers are whitish (with the exception of the centre of the smallest, which is of a brownish colour), and present a stronger appearance of the healing margin than the surface of the largest ulcer. The end of the prepuce is still somewhat preternaturally red and swelled, and there is a good deal of pain in passing water. The glands of the groin remain free from all uneasiness. Some of the strong solution of the nitrate of silver (twenty grains to an ounce) was injected between the glans and prepuce, and the weak solution of the same (five grains to an ounce) was applied to the ulcers on the common skin of the penis. These were afterwards dressed with lint and adhesive plaster. A dose of sulphate of soda was directed.

6th day. The largest ulcer is healing rapidly, the one of middle size is covered with lymph, and the smallest is quite healed. Pain in passing water much less. Swelling, redness, and discharge from penis, greatly diminished. Glands of the groin free from all uneasiness. The same local treatment employed on the last day was continued.

8th day. The largest sore is very much contracted; the smaller unhealed one is covered with a thick layer of white lymph. The pain in passing water, and the discharge from the end of the prepuce, are very trifling. The surface of the small sore was stimulated with the strong solution of the nitrate of silver, and the same was injected between the glans and prepuce.

12th day. The largest ulcer nearly healed, and the other quite healed. Phymosis persists; no swelling; no pain in urining; no discharge. The surface of the ulcer was stimulated with the strong solution of the nitrate of silver.

14th day. The ulcers are all healed; their former bases a little hard; the orifice of the prepuce begins to relax; glands of the groin quite free from all swelling and uneasiness.

20th day. The sores remain healed; the prepuce is so much relaxed that it is possible to denude the glans; and the groins continue free from all swelling and uneasiness.

Remarks.—I need scarcely observe, that the ulcers seated on the skin of the penis were, when the patient applied, in the stage of ulceration. They had the diffuse

areola, and the dusky-white surface, so characteristic of that stage. Therefore, they were, in this respect, perfectly suited to the escharotic application of the nitrate of silver; and you remark that, although mercury was not used, this application had no influence in producing bubo; yet it was exactly a case in which, were we to credit opinions that exist on this subject, such a result might have been expected; as well because of the situation of the ulcerations on the body of the penis, as because of the application of the caustic to the inner surface of the prepuce.

Allow me to make a few other observations on this case; although not quite relevant to the object with which I have cited it on the present occasion. You know that inflammation is considered by me an objection to the use of caustic, even when the ulcer is, in other respects, suited to this application; and as a good deal of swelling, redness, and pain (the symptoms supposed to characterise inflammation), were present, you may presume that inflammation was present. Gentlemen, when you enter on practice for yourselves, you will find that there is no subject, either in surgical or medical pathology, more important, nor any more difficult, than to distinguish the state which really deserves the name of inflammation, from those states which simulate it. Upon this extensive subject I cannot enter at present. It is far too important to be cursorily examined; it shall not, however, escape my notice at some future part of the season. Suffice for the present, that although pain, redness, and swelling, existed, inflammation, at least such a state of inflammation as should preclude the application of the nitrate of silver, did not exist. The pain was not inflammatory pain, for inflammatory pain, though aggravated at times, is continued; but in this case the pain existed only at night, or when urining. The parts were red, but they had not the redness of active inflammation. Their hue was purplish, which always implies a state perhaps the reverse of inflammation. There was also swelling, but not inflammatory swelling. It was a swelling partly œdematous, or owing to serous effusion, and partly a sort of thickening. It was, in fact, a form of swelling which an experienced eye or finger would not say was inflammatory, yet it would be very difficult to describe it. Lastly, were we in need of any proof that active inflammation was not present, we have it in the fact, that the pain and redness and swelling were much diminished by the application of the nitrate of silver, a reverse consequence to which would have been the result if active inflammation had existed. From all these considerations, I wish the conclusion to be drawn, that you are to consider well any case which may occur, before you conclude that such a state of inflammatory action exists as should preclude this practice.

There is another point respecting this case to which I would direct your attention. The pain, redness, and swelling, were diminished to a certain extent by the application of the nitrate of silver to the ulcers on the common skin. But this diminution was not progressive. It, therefore, occurred to me, that the state of redness and swelling of the penis might be kept up by the morbid state of the internal surface of the prepuce; and in this opinion I was confirmed by finding that the patient had a great increase of pain in urining. Hence I injected the strong solution of the nitrate of silver into the space between the glans and prepuce, according to my common practice in such cases,—that is, in cases of phymosis, with discharge and thickening of the prepuce—and you have observed with what great advantage. In fact, after the injection had been twice used, all pain, discharge, swelling, and redness, ceased.

Although I have been led to make these cursory observations on this case, you are not to forget that I have cited it to prove that the application of the nitrate of silver to the primary syphilitic ulcer is not apt to produce a bubo when one does not exist. The next case is, however, still more in point.

CASE 2.—*Primary Syphilis at the Corona Glandis, with tenderness and tumidity of the Glands of the Groin, treated with the Nitrate of Silver and without Mercury.*

1st day. A primary syphilitic ulcer, the size of the end of the little-finger, seated at the left side of the frænum, extending on the corona glandis. Its surface presents a dusky ash-white colour, with a whiter margin; and on the whole exhibits a somewhat sloughy aspect. The surrounding integuments are increased in redness, and the penis is swelled, yet he says he has little pain in the sore, except at night. The glands in the corresponding groin are swelled, but scarcely painful. He did not observe this ulcer until about five days ago, and it was then in the state of scab. (The prepuce is not long enough to cover the glands.) Since the day on which he first observed the ulcer, it has extended with rapidity. He has not taken any medicine except a dose of sulphate of soda, nor has he applied any dressing to the sore. His bowels are free. The nitrate of silver was applied as an escharotic

to the ulcer, and it seemed to give him considerable pain.

2nd day. The penis is much more swelled and red than yesterday, yet he does not complain of any increase of pain in the sore, nor is his groin more swelled. The surface of the ulcer presents the exact same appearance as immediately after the application of the nitrate of silver. He admits that yesterday he drank four pints of ale or porter, and that he spent the entire day either in walking about town, or in sitting at a "fine fire" in a public-house. He was urged to remain quiet, to apply an emollient poultice to the penis, to abstain from all malt and spirituous liquors, and a dose of the sulphate of soda was directed.

4th day. Sunday, 15th December, intervening, this person was not seen on the 3rd day. The penis is now greatly reduced in size; redness nearly gone; sore less deep, less extensive, and free from slough; a small portion in the centre, where it corresponds to the corona glandis, excepted. The red healing margin is fully developed; says the ulcer is free from pain; but that yesterday he had, when urining, considerable pain in the penis. The glands in his groin are in the same state as on the last day. He exhibited to me, to-day, two large furunculi on the back of his left thigh. He says he remained perfectly quiet since the last report, and adhered to all the directions then given. The sloughy centre of the sore was rubbed with the nitrate of silver, and a dose of the sulphate of soda ordered.

5th day. Swelling of the penis quite gone, and the sore is more superficial. The middle portion, to which the nitrate of silver was applied yesterday, has not thrown off its slough. The remainder of the surface is granulating, and covered with a thin stratum of lymph. The margin of the areola is everywhere red, and that portion of it which corresponds to the glans penis, is bounded by a callous white line (an appearance which always marks rapid cicatrization). No pain except an occasional sting in the sore, and the pain in the yard when urining has ceased. Water dressing was applied to the sore—that is, lint wet with water, and covered with adhesive plaster, to prevent evaporation.

6th day. The slough has not separated entirely from the centre of the ulcer, but its diameter and depth are diminished. Its margin, and the glands of the groin, are as yesterday. The surface of the ulcer was stimulated with the weak solution of the nitrate of silver, and a dose of sulphate of soda was ordered.

7th day. The slough has separated from the middle of the ulcer, and its entire surface appears of a healthy-red colour. It is healing rapidly.

8th day. Sore continues to heal with rapidity.

9th day. The sore does not look so well as yesterday. It appears inflamed. He admits that he walked much about, and that he took some porter. A dose of sulphate of soda, with quietness and abstinence, was directed.

10th day. This patient was not seen yesterday (Sunday). The sore is now nearly covered with a very thin cuticle, except at the very centre. The groin is much better. The weak solution of the nitrate of silver was applied to the sore.

11th day. The ulcer is all but healed in every part, and the groin is well. He has got a third furunculus on his left thigh.

13th day. The ulcer is healed, and the groin remains free from all pain and swelling.

24th day. The glands of the groin are perfectly healthy, and the sore remains quite healed.

Remarks.—There are, Gentlemen, a great number of particulars relative to this case well worth your notice. The tender state of the glands of the left groin—the deranged state of the general health of the patient, as demonstrated by the existence of furunculi—the rapidity with which the ulcer healed, although mercury was not employed—the remarkable influence of the mode of living of the patient on his disease—and, lastly, the sloughy state of the centre of the ulcer, as compared with the state of its circumference, are all worthy of consideration.

In the first place this case is, as I before observed, particularly valuable towards deciding the point we are now considering; for, as the glands were tumid and sensible, and therefore obviously disposed to become the seat of inflammation, it was precisely that kind of case in which the nitrate of silver should have excited bubo, if this application has in reality that tendency. But we have seen that no such consequence ensued, although mercury was not used in any form when the caustic was applied. We remark also, that disease in the glands of the groin ceased entirely as soon as the sore healed.

In the second place, it will be readily admitted that the constitution of this patient was in a state little disposed to healthy actions, and that we might, *a priori*, have expected considerable difficulty in exciting actions of reparation in the sore; yet we find that granulation succeeded with astonishing rapidity the application of the nitrate of silver. But you are not to suppose, that states of general

derangement of health do not occur, which not only diminish the chance of such favourable consequences, but also render it imprudent to apply this remedy. We are not, however, occupied at present with the consideration of such cases.

In the third place observe the rapidity with which the ulcer healed in this case as well as in the former, though mercury was not employed in either, and although they were both elderly patients. Here you have, Gentlemen, one among the almost daily proofs which my practice exhibits to you, that mercury is by no means necessary for the healing of even the severer forms of the primary syphilitic ulcer. The vast importance of this grand truth you can as yet scarcely conceive, and the large debt of gratitude we owe to Sir James M'Gregor, and the army medical department in general, for those inquiries which led to its determination, you should never lose sight of, in estimating the contributions of the medical officers of the army to medical and surgical knowledge.

In the fourth place, what a lesson is afforded you in this case as to the influence of mode of living in controlling the result of treatment! Consider what occurred the day after the patient first applied—the alarming appearance of the parts affected! Again, consider what followed the next day—the rapidity with which symptoms, calculated to excite much uneasiness, subsided! Had you not seen this case, or analogous ones, you could scarcely credit the possibility of changes so rapid, from causes which in the eyes of many may appear so trifling; nor was it only at the commencement of the treatment, or when the sore was very alarming in its appearance, that we had occasion to remark the consequences of this patient's indiscretion; for, on the ninth day, when the sore was nearly healed, it was still much under the influence of the mode of living of the patient, as was testified by the consequences which followed his inattention to directions on the preceding day. It is also worthy of notice, that this case proves, as I have endeavoured before to point out to you, that a very short time is frequently sufficient, if proper means be adopted, to restore parts which have been injured by such indiscretions as this patient was guilty of, to a state of quietness. Need I tell you what might have resulted on both occasions in the present case, had we persevered in a wrong system of treatment? I am sure I need not.

In the last place, you had occasion in this case to remark an occurrence which frequently happens, when primary syphilis is seated at the corona glandis. It is this. The sore may continue sloughy, or, in other words, it may continue to extend in the middle, while it is healing at the circumference. This is contrary to what occurs in general, but particularly when the disease is seated on the common skin; for these granulations frequently commence in the centre of the sore, while ulceration is extending at the circumference. Now you must be prepared to meet this occurrence, and to act accordingly. I should mention to you, that it is an occurrence which the structure of the part easily explains. It is, in fact, dependent on the loose cellular tissue which exists at the corona, and which yields with peculiar rapidity to the action of the venereal poison. You may ask, what is the peculiarity of treatment to be adopted? I answer, that in general it will be necessary to apply the nitrate of silver more frequently to the centre than to the circumference of sores in this situation, and also perhaps with more energy. If you do not act in this way, the sore, while it may heal at the circumference, may extend in depth between the penis and its investing integuments, and thus produce a burrowing and very troublesome state of disease.

Some of you may perhaps remark, that the criterion laid down in the last lecture for distinguishing slough from lymph, appears to fail in the present case, as the ulcer presented a healing margin, while slough existed in its centre, or where it corresponded to the corona. This is, however, easily explained. The red healing margin of the sore was necessarily caused by its circumference being in the stage of reparation; therefore, the occurrence is one which on reflection you would expect, nor will it be ever likely to create confusion in the application of the rule laid down; for, on these occasions, the sloughy matter is, owing to its dark colour, so very unlike lymph, that the one cannot be mistaken for the other.

We found, that on the second day the *surface* of the ulcer was precisely the same as on the first, or immediately after the application of the nitrate of silver, so that more than twenty-four hours passed over, without any change whatever in the appearance of the *surface* of the sore. Now, to what was this owing? It was owing to the supervention of inflammation, for this occurrence has uniformly the effect of either suspending the influence of the nitrate of silver—that is, of retarding the exfoliation of the slough caused by its application, or else of preventing altogether its salutary action. The more tranquil the sore, the more efficient and the more rapid will be the salutary action of the caustic; and whenever, on the day fol-

lowing its application, you find that no progress has been made in the separation of the slough, you should consider whether this be owing to the supervention of inflammation; and if so, as is generally the case when the patient has been indiscreet, you must have recourse to those means which diminish inflammation. This remark is the more necessary, inasmuch as you might otherwise attribute the non-separation of the slough to the inefficient action of the caustic, and be thus led to its reapplication, from which much harm might result.

Need I remind you that the patients whose cases I have now considered were externs, that they must have exposed themselves to causes little calculated to prevent the occurrence of bubo, or, more properly speaking, to causes highly calculated to produce that symptom. Therefore, if the treatment under consideration does not produce a bubo in cases in which we can have little or no assistance from collateral or adventitious measures, I need not remark how much less likely it will be to produce this symptom under more favourable circumstances. In short, from this, and other causes, these cases are in my mind so conclusive, that although we have noted many more which prove as decisively as they do the negative of the present question, I deem it quite unnecessary to take up our time in reading the reports of them. Let me also remark, that the cases of this kind which have been reported, bear only a very trifling proportion to those which have been so treated. In fact you all know that it is a daily occurrence in my practice to treat the primary syphilitic ulcer in the stage of ulceration, when unaccompanied by bubo, with caustic and without mercury; and whenever I combine the application of caustic with the administration of mercury, I do it with regret and from necessity. I do it with regret, because I know that mercury, given in the stage of ulceration of the primary sypailitic ulcer, has a tendency to retard the actions of reparation excited by the caustic; but I am often compelled to use it from necessity, because, when the primary syphilitic ulcer is accompanied by bubo, I could have little or no hope of causing the resolution of the latter, if I deferred the employment of mercury until the actions of reparation had commenced in the former; hence, in these complicated cases, I am obliged to employ a complex treatment. The caustic is used to stop the progress of the ulcer, and the mercury to stop the progress of the bubo. If either the one or the other element of treatment be omitted, either the ulcer or the bubo will advance.

There is still a point connected with this topic to which I must allude. A few days ago, one of the pupils said to me—"Sir, some time since I applied caustic to a chancre, and a bubo followed, and I was brought into disgrace." Now such an occurrence is not an unlikely one, but does it form any argument against the practice? Let us see. I asked that pupil what was the state of the chancre when he applied the caustic. Now, although he is a highly-intelligent and well-informed young man, he admitted that he had not at the time sufficient knowledge to distinguish the various characters of the primary sore, and that he could not say whether it was inflamed, or whether it was in its stage of ulceration or granulation. Such a case, therefore, can form no argument against this practice. It is, no doubt, in some measure, an argument against the indiscriminate application of caustic; but the same mode of argument might be brought against any remedy we possess – for there are none, no, not even a purgative, which may not do harm, if inappropriately employed. But suppose caustic was applied to a sore suited in every respect to this application, and that a bubo followed, what are we to argue from this? Should we conclude that the bubo was caused by the caustic? I need scarcely tell you that such a conclusion would be very unfair, for bubo often occurs where no caustic has been applied, and how can we tell whether it would not have occurred in this particular case, whether caustic was applied or not,—in fact, such a case only proves that caustic will not *prevent* a bubo, and you know I do not maintain that it will, although I would be justified by practice in affirming that a bubo will not unfrequently be prevented by this application. My proof is this. I have taken the average number of cases in which bubo has occurred when caustic was and was not applied, and have found the result to be—If one hundred cases of primary sores treated without caustic give forty cases of bubo, the same number of cases of the primary ulcer treated with caustic will not give ten cases of bubo. I have also frequently found, that when caustic was applied to the primary sore, accompanied by bubo, the bubo has subsided, although mercury was not given. We have you know, at this moment under care, a case of this kind. In truth, Gentlemen, the fear of bubo, from the escharotic application of the nitrate of silver to the primary syphilitic ulcer in its stage of ulceration, is perfectly groundless; and the vulgar opinion on this subject has proceeded from prejudice, or from want of accurate observation, which has led to

its application under improper circumstances, or in an improper manner. We now arrive at the second question:—

Is the application of the nitrate of silver as an escharotic to the primary syphilitic ulcer in its stage of ulceration, apt to be followed by troublesome consequences?

Is there one of you who now hears me that will not answer this question in the negative? In the numerous cases in which you have seen this practice adopted by me, have you ever seen any, even the least inconvenience, result from it? Have you not all, on the contrary, been surprised at the uniformly favourable results? In fact, every case in which the practice was employed, might be adduced in its support. No doubt mischief may be caused by the application of the nitrate of silver to the primary syphilitic ulcer, when its application is guided by empiricism, or its beneficial influence opposed by the indiscretions of the patient; but if there be any fact true in therapeutics, it is this, that a beneficial result uniformly follows this practice, when governed by proper principles, and when proper attention is paid to directions by the patient. Indeed you must have observed, that notwithstanding the great irregularities on the part of the generality of the patients, in no one case in which this practice was employed, was there a failure except in one, although we might fairly have expected it in many. I allude to the case of —— Dunn, the coal porter. You know that this person could not be got to attend to directions. He continued, notwithstanding every remonstrance, to go about his laborious work, and to take daily as much whiskey and porter as he could obtain. He, in fact, seemed quite incorrigible in his habits You also know, that the sore in his particular case was of a large size, and seated at the corona glandis, the situation in which this ulcer requires more care than in any other. Notwithstanding these opposing circumstances, however, there were evident signs of improvement after each application of the caustic; but these scarcely occurred, when they were overturned by some fresh indiscretion. What the conclusion of the case was I do not know, for he ceased to attend. The last question which I shall consider at present is this:—

What length of time will the primary syphilitic ulcer require for its cicatrization by the common modes of dressing, as compared with the time required for its cicatrization by the application of the nitrate of silver?

I need scarcely observe, that it is indispensable to determine this question, for however rapidly the primary syphilitic ulcer may heal when acted on by the nitrate of silver, there may still be a doubt raised, whether it would not have healed with equal rapidity under ordinary routine treatment. Now this question can be answered or determined in one of two ways, that is, either by treating, with and without caustic, ulcers which are circumstanced precisely alike, which are on the same person, on the same situation, and of exactly the same age or standing, and observing the results; or else by taking the average results of a great number of cases of different persons treated with and without caustic.

With respect to the latter mode of determining the question I shall not say much, as it is not so satisfactory or so free from objection as the other, and as the facts you have witnessed are not sufficient for this purpose; for being long since convinced of the superiority of the treatment with the nitrate of silver, I now almost uniformly adopt it in appropriate cases; hence you have not had an opportunity of comparing it with other modes of treatment. I may, however, mention, that a tabular view of one hundred cases formerly noted and treated with and without caustic, for the very purpose of making this comparison, gave the result, that primary syphilitic sores, treated within four days after their first appearance with the nitrate of silver, healed in less than a fourth of the time of those healed according to the more common modes of practice; and that when the age of the sore exceeded five days, the difference was about one half in favour of the nitrate of silver.

You have, however, often witnessed the first mode of determining the question now under consideration; that is, by treating ulcers in the same individual, and circumstanced precisely alike, with and without caustic. Some of the patients contracted the ulcers so treated, in the ordinary way—others of them have been persons who were inoculated with their own matter. I shall read you the notes of some cases of the latter kind in preference to the former, because in them we have a positive security that the ulcers were of the same age or standing, and that they existed on precisely the same structure.

Case 3.—*Primary Syphilis produced by Inoculation, and treated with the Nitrate of Silver, compared with the same, allowed to heal spontaneously.* Lawrence Maher, aged 26.

Let me first observe, that this patient, when he applied, had a suppurated bubo, but no ulcer on the penis. He had been under the care of an apothecary, who had given him mercury; and I found it in-

possible without the assistance of inoculation to come to a positive opinion as to the virulent character of his disease, therefore two minute punctures were made on the front of the left thigh, and matter from his ulcerated bubo applied, by the lancet, to each. Hereafter I shall have much to say to you respecting the employment of inoculation as a mean of diagnosis.

2nd day. Each puncture exhibits a black point, surrounded by a white line, which is in turn surrounded by a diffuse areola of half an inch in extent. This patient did not return until the

7th day. The inoculated spots are now covered by crusts, which are each surrounded by a diffuse areola. Upon removing the secretions, which filled up the well of each sore, the bottoms appear flat and as if they passed under the surrounding skin. In short, they exhibit all the characters of the regular form of primary syphilis in the stage of ulceration. The nitrate of silver was applied as an escharotic to the superior of the two ulcers, which was also slightly the larger. The other was covered with adhesive plaster.

8th day. The adhesive plaster applied to the ulcer which was not cauterized, having fallen off, this ulcer is now covered with a thin crust, and surrounded by a faintly red areola. The surface of the other ulcer is covered with a slough formed by the caustic. Its cutaneous margin is very tumid, and it is surrounded by a deep red areola. Both ulcers were covered with adhesive plaster.

9th day. The slough has separated from the inoculated ulcer to which the nitrate of silver was applied; and its surface, which is formed of pointed granulations, presents a healthy red colour. Its areola is less distinct, and its cutaneous margin much less tumid. The surface of the other ulcer, which is of a pale yellow-white colour, seems to pass under the surrounding skin, and the margin of its areola is very tumid.

12th day. Has been working at his trade since the last report. The inoculated spots are both crusted, but that to which the nitrate of silver was applied differs much from the other. The crust covering the former is very small, and quite dry, and the skin surrounding it is flat, and scarcely red. There is no uneasiness whatever felt on pressing it, and he says he is sure that the sore is quite healed. The crust covering the other is spongy-looking, elevated, as if supported by matter, and pain is produced when it is pressed. It is surrounded by a well-marked diffuse areola, and its areolar margin is so tumid as to form a ring. Adhesive plaster was applied over both crusts.

19th day. The crusts having come away with the adhesive plaster with which they were covered, the ulcer to which the nitrate of silver was applied is quite healed, and the cicatrix formed is livid, and pitted, and separated from the surrounding parts by a defined line. The surface of the ulcer to which the nitrate of silver was not applied is very irregular, or tuberculated, and raised above the surrounding sound skin, though depressed below the level of its cutaneous margin. This sore was dressed with adhesive plaster.

20th day. The unhealed ulcer presents very much the appearance of a condyloma, surrounded by a narrow areola. Dressed as yesterday.

24th day. The surface of the ulcer is covered with cuticle, but raised, and very irregular, like the surface of a wart. Its areolar margin is red, and elevated above the surrounding skin.

26th day. The margin of the areola and the surface of the cicatrix, which still presents a wartlike appearance, have shrunk so much that they are almost on a level with the surrounding sound skin.

30th day. The site of the ulcer is still raised, and tumid, and red, forming a striking contrast with the site of the ulcer to which the nitrate of silver was applied.

Remarks.—On the 14th day, the ulcer to which the nitrate of silver had been applied on the 7th day was healed, but its cicatrization was probably perfect some days before. Whereas, that to which the caustic was not applied, and which was smaller in the first instance, was scarcely healed until the 30th day; nor even on that day was its cicatrix by any means so perfect or free from disease as the cicatrix of the ulcer to which the nitrate of silver had been applied. I must not forget to observe, that on the 8th and 9th days, the ulcer to which the caustic had been applied presented a much more inflamed and alarming aspect than that to which it had not been applied, while after this day the process of reparation in the former advanced so rapidly, that it was, as I have said, healed on the 14th day, and perhaps earlier. It may be said, that in this case the ulcer not acted on by the nitrate of silver was left to the operations of nature, for the patient took no medicine, except laxatives; and there was no local application used, except adhesive plaster.

CASE 4.—*Primary Syphilis produced by Inoculation, and treated with the Nitrate of Silver, compared with the same treated with the Black-Wash.*

The next case to which I wish to direct your attention, is that of John Jackson,

aged 24. When he first applied he had an ulcer at the corona glandis, and in the corresponding groin a bubo, entering on the third stage. Caustic was applied as an escharotic to the primary ulcer, and mercury exhibited. He did not attend with regularity, nor did he take medicine uninterruptedly. The sore on the corona was, however, healed, and the size of the bubo greatly diminished. When in this state he ceased to attend for several days, and when he returned, the bubo was red, contained matter, and the integuments covering it were very thin. A puncture was then made into the bubo, and about half an ounce of thick yellow matter discharged.

On the third day after the puncture had been made, there was considerable discharge of thick yellow matter from the opening, and the probe could be passed through it under the skin all round to the extent of an inch. The orifice immediately within the edge appeared white. I now felt at a loss whether I should consider the sore virulent or not, and as it was impossible to form a correct diagnosis without the assistance of inoculation, two punctures were made on the anterior and inner part of his thigh, and matter from the bubo applied to each.

3rd day. The punctures have inflamed, and the centre of each is covered with a dark crust. The crust of the upper one is surrounded by a white line. The lower crust, which is larger, conceals the white line if there be any. They are each surrounded by a diffuse areola, and their base feels tumid. They were now covered with adhesive plaster.

4th day. The crusts have been removed from the inoculated spots, and two excavated ulcers, presenting a whitish colour and all the other characters of primary syphilis, are exposed. As it was thus demonstrated that the sore in the groin was virulent, and there being no objection to the use of mercury, two of the compound calomel pills were given three times a day. The nitrate of silver was applied to the lower inoculated spot, and a piece of lint immersed in the black-wash (calomel and lime-water) to the other.

5th day. The ulcer to which the black-wash was applied, seems to be putting forth minute red granulations, and to be more healthy-looking and less deep. The sore to which the caustic was applied, has not thrown off its slough.

8th day. This patient has not attended since the 5th day. He, however, says, that he continued to take his medicines, and to dress the sores as before, until last night, when the wash &c. was exhausted. His mouth is slightly affected from the pills. The spot to which the nitrate of silver was applied, is covered by a thin dark crust. No areola, no surrounding fulness, no pain on pressure; so that the sore is probably healed underneath. The other spot, which is covered with a yellow scab, has an areola, the cuticle of which is desquamating. It is sore when pressure is made on its crust, and its base feels tumid and hard. It was directed that the calomel pills be omitted, and a poultice applied to the punctured spots.

9th day. The crusts have been removed from the inoculated spots. The one to which the nitrate of silver was applied, may be said to be healed. The other is so large and so excavated that it would hold a pea. It is surrounded by a very tumid areola; the base feels hard, and the surface is of a whitish colour, broken up by reddish points; the edge has a punctulated and nibbled appearance; the black-wash was repeated for the ulcer which had not been treated with caustic, and adhesive plaster was applied to the other.

10th day. The upper inoculated spot is perfectly healed, and its base is free from tumidity; the other is as yesterday—perhaps a little larger and deeper. His mouth, he says, is sore, but his breath is scarcely affected; the pills and wash were renewed.

It is, Gentlemen, quite unnecessary to go on with the details of this case. You can consult them when you please. The result was, that although the mouth was kept tender, and the wash continued, the sore was not healed until after the 24th day. Thus you observe, that while the sore to which the caustic had been applied was healed in nine days, and perhaps sooner; that to which the black-wash (the favourite of routinists) was applied, was not healed until after the 24th day. Here we have a confirmation of what I have often remarked, that if the black-wash be used before the stage of ulceration has ceased, it will, almost uniformly, retard the progress of healing, and rather promote the process of ulceration; whereas, if used during granulation, it is an admirable application, and will very much hasten cicatrization.

Nor need I, Gentlemen, I am sure, occupy your time further with the question, whether the ulcer of primary syphilis be healed more rapidly by the action of caustic than by other means; for I presume, if it be healed more rapidly by caustic than when left to nature, as in the first case, or when treated with the black-wash, as in the second, it will be admitted that caustic will heal it more rapidly than any non-escharotic application with which we are acquainted. Indeed, that this is the

fact, you can at any time convince yourselves, by examining the reports of cases treated in various other ways, and to which you can have access whenever you please. Let me observe, what many of you know, that the two cases which I have just read, have not been selected for the purpose of supporting any particular opinion; on the contrary, they are much less favourable for such a purpose than many others which you have seen treated in the same comparative manner. Witness the case of Dunn now under care.

In concluding, let me express a hope that if the cases, the reports of which were considered in my last lecture, on the venereal disease, brought conviction to your minds of the power of the nitrate of silver, when applied as an escharotic, to arrest the progress of the primary syphilitic ulcer, the facts advanced in the present will convince you that this application, when properly employed, will neither excite bubo, nor yet inflammation or irritation in the sore; and that cicatrization will follow its application in appropriate cases, far more rapidly than the application of the most favourite local remedies; and, Gentlemen, when you reflect that if the sore be inflamed, the nitrate of silver will do harm, whether used as a stimulant or as an escharotic; that if the sore be in the stage of ulceration, it will do harm if used as a stimulant; and that if it be in the stage of granulation, it will do harm if used as an escharotic; in other words, when you reflect that it is not suited by either mode of action to any stage of an inflamed primary syphilitic ulcer, that to the stage of ulceration it is only suited as an escharotic, and to the stage of granulation only as a stimulant or alterant, you can easily conceive how it is that there should exist such a discrepancy of opinion among practitioners respecting the use of this important remedy. This discrepancy, in fact, depends upon want of attention to those circumstances which should regulate its application, and with which I have endeavoured to make you acquainted.

LITHOTOMY.—M. Civiale, in lately making a comparison between the deaths after this operation in the hospitals of England and France, finds the records give a greater number of fatal cases in the latter country. This result, however, he says is not a proof of defective skill in France, but of incorrect records in the English hospitals, respecting the practice in which, he adds, "It is impossible to arrive at the entire truth!"

HOTEL DIEU, PARIS.

CLINICAL LECTURES ON SURGERY,

DELIVERED BY

BARON DUPUYTREN,

During the Session of 1833.

Revised (before translation) by the Baron himself in the fasciculi of his "Leçons Orales de Clinique Chirurgicale," published periodically by G. Bailliere, Paris.

ON PROLAPSUS OF THE RECTUM.

METHOD OF TREATMENT ADOPTED BY THE LECTURER.*

You will hear it reported, day after day, Gentlemen, that surgery is a science which has arrived at the utmost degree of perfection; nevertheless it is every now and then enriched by discoveries more or less important, with respect, especially, to that which concerns the operative part. Not many years ago M. BOYER invented the method of curing fissures about the anus by simple incisions. Prolapsus of the mucous membrane of the rectum, an affection, at least extremely unpleasant, if not severe, had been combated, until very lately, by inefficient or palliative measures. It has, however, been my good fortune to cure the disease completely by an operation as simple in its execution as it is certain in its results.

You know that this disease, which is much more common in infancy and old age than at any other period, consists in an eversion of the intestine, the upper part of which descends into the lower, as far as the margin of the anus, and projecting beyond it for the space of two, three, or even six inches. The intestine generally descends in this manner each time the patient goes to stool, or when he has remained standing for any long period, and the peculiar disposition of the gut seems often to coincide with a feeble, soft, lymphatic constitution. The method of treatment which would naturally present itself to the mind, is, doubtless, the reduction of the intestine, when we are unable to prevent its descent; in some cases this is easily done, in others it is difficult or impossible. Sometimes the tumefaction of the gut is so great, and the contraction of the sphincter ani so powerful, that the intestine becomes strangulated, and instant assistance on the part of

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* A few remarks by Baron Dupuytren on this subject appeared in THE LANCET for April 27, 1833, since which time his views have been made the subject of the entire lecture we now publish.—ED. L.

the surgeon is demanded. The displaced gut acquires a volume double or triple its natural one, becomes of a dark-red colour, ecchymosed, and is sometimes threatened with gangrene; in these cases the intestine should be immediately reduced in the following manner:—

The patient is placed on his belly, with one or two pillars to elevate the pelvis and anus. The tumour must now be enveloped in soft moistened linen, and a compress placed exactly over its most prominent point. This being done, the base of the tumour should be pressed gently, so as to diminish its volume, and then pushed upwards by degrees; thus the reduction is effected upon that part which has come down the last. When reduction is impossible, some surgeons advise us to scarify; but as that method of treatment necessarily includes various incisions which may bring on inflammation of the great intestines, we should abstain from employing it whenever it is possible. The same remark applies to leeches, which may induce internal or external hemorrhage, and intestinal ulceration.

But even when we have succeeded in returning the prolapsed gut, the disposition which originally caused its descent still remains; hence reduction is simply a palliative method, and cannot be regarded as calculated to produce a permanent cure. Cold baths and lotions have also been employed as curative means, with the intention of reinforcing the action of the sphincter and opposing the descent of the intestine. Cold baths, in fact, sometimes succeed, but they require a long time to act, great perseverance, and often produce such disagreeable sensations, that the patient is compelled to renounce their use. Astringent lotions, compression made with a sponge, and supported by a T bandage or mechanical means, suppositories of different kinds, &c., though sometimes attended with success when the child is young, usually fail in cases of adults or old people.

Here, then, we must have recourse to an operation, and excise the ring, or a portion of the ring, which projects, with any hemorrhoidal tumour which may exist on its surface. Yet the excision, though praised by Sabatier and other surgeons, exposes the patient to certain accidents, and particularly to hemorrhage, which is often dangerous, and in some cases mortal. The removal of a large portion of this ring and of the hemorrhoidal tumours, followed by cauterization, independently of the excessive pain which it occasions, may determine a violent inflammation of the intestine and neck of the bladder.

These considerations, Gentlemen, induced me to seek a new mode of treatment, which might be free from the inconveniences attached to the old method, and would be, at the same time, more certain in its results. Before entering, however, on this part of the subject, I will lay before you a brief anatomical description of the parts concerned.

The skin covering the margin of the anus is very fine, and coloured differently from any other part of the body. It contains a great number of mucous follicles, which secrete an oily matter, giving out a peculiar odour. The skin forms several prominent folds, separated by as many furrows, which converge from the circumference of the margin of the anus towards its centre; they even dip into the cavity of the anus, and are more numerous in proportion as the orifice is closed upon itself. When the anus is dilated they disappear; their use appears to be, to favour the dilatation of the anus, and excretions of fecal matter. Beneath the skin we have a layer of fibro-cellular tissue; below this the external and internal sphincters, composed, as you all know, of circular muscular fibres.

Having thus far recalled to your minds the anatomical structure of the parts, we may proceed to a description of the method of operating. The patient is placed on the abdomen, with the head and chest low, while the pelvis is elevated upon pillows; the thighs are separated, so as to expose the anus fully; the operator now seizes, with a dissecting forceps (whose points are broad, in order to give less pain), two, three, or six, as occasion may require, of the folds of skin already described, and proceeds to remove them with a curved scissors, one after the other; the excision should extend as far as the margin of the anus, or even within its orifice; indeed, when the relaxation of the intestine is great, the excision may be prolonged to the height of a quarter, or half an inch, but in ordinary cases a few lines are sufficient. When the state of relaxation is moderate, it will be sufficient to remove one or two folds on either side; when the intestine is affected in a greater degree, it will be necessary to excise a greater number.

This operation, which occasions but little pain, and produces no inconvenience of any kind, is never followed by hemorrhage, for the only vessels divided, are the extremities of the hemorrhoidal arteries; however, should the incision be carried to any great depth, we can readily conceive that the internal hemorrhoidal vessels might give rise to a loss of blood. The effects of the operation are easily de-

duced, from a consideration of the anatomy of the parts. The anus in this kind of case is excessively dilatable. We propose to remove this morbid tendency by excising one of the tissues which enter into the composition of the anus, and by exciting the others to contract; this double object is obtained by the excision of the skin, and the consequent inflammation; the cicatrix formed by the junction of the edges of each wound, and the accidental tissue laid down, evidently contribute to produce contraction of the anus; by this means a new-formed, adherent portion of skin is substituted for one which was extremely loosely connected with the adjacent tissues.

Besides, the inflammation which succeeds, extending upwards to the submucous cellular tissue of the rectum, contributes to increase the adhesion of the mucous and muscular tissues. No dressing of any kind is necessary; the pain occasions instantly a strong contraction of the sphincters, and the inflammation soon spreads from the incised points to the sphincter muscles and cellular tissue. The patient is generally costive for the first few days after the operation; but the inflammation soon diminishes, and the sphincters relax, to give passage to the fecal matter, though they are ready to contract on the least effort. In a few days the cicatrix is formed, after which, as the excrement no longer acts on the ulcerated part, the opening is diminished, and the cure completed.

I have now been in the habit of employing this operation for ten years, and always with the same success; indeed, I remember only one case of relapse, and there the operation had been imperfectly performed, in consequence of the impatience and struggles of the child on whom it was practised. The operation practised by Hey, for the cure of a patient affected with piles, complicated with a prolapsus ani, differed from mine in many essential particulars; in fact, we may deduce from the observations of the English surgeon, and of those who afterwards followed his example, that the patients were accidentally cured of the prolapsus by an operation which was exclusively directed against the hemorrhoidal tumours, and which is only applicable to cases where the descent of the intestine is a consecutive effect of the hemorrhoidal affection. My conviction is, that nothing but the excision of the margin of the anus can radically cure this disgusting infirmity. The following cases will serve as an application of the principles now laid down:—

Case 1.—A young and healthy woman, who had been affected for several years with a prolapsus of the rectum, entered the Hôtel Dieu on the 20th of May, 1830. At the time of her entering into the hospital, the disease was not complicated by any hemorrhoidal affection, but presented this peculiarity, that the descent of the intestine occurred only once a month, when the patient went to stool; it continued for a few days, and then disappeared, to return again on the following month; the inconvenience occasioned by the descent of the gut was excessively great; pain, costiveness, a discharge of blood, mucus, &c., continually tormented her, and induced her to seek relief in an operation, which was accordingly performed in the following manner:—The patient was placed on the abdomen, with the pelvis elevated, and the thighs held asunder by an assistant; one of the folds, which I have described as running from the margin towards the centre of the anus, was now seized with a forceps, and excised as high as possible within the rectum; four other folds behind, and on either side, were excised in a similar manner. The pain occasioned by the operation was very moderate, and no hemorrhage took place; the wound was not dressed, and in a few days, when the patient went to stool, the intestine did not descend; in fifteen days all the wounds were cicatrised, and the woman left the hospital perfectly cured.

Case 2.—This is the case of a child who was brought to the hospital toward the end of November, 1831. He had been affected for a considerable time with eversion of the intestine, and projection of the rectum, whenever he went to stool; the operation was performed in the manner already described. The little patient was placed on his belly upon a pillow, while an assistant separated his thighs; three folds of skin were successively removed with the scissors, to within a few lines of the anus; the loss of blood was comparatively nothing. The next day the intestine came down as the patient went to stool; this is an accident which seldom occurs; it is, however, of little consequence; within fifteen days the wounds were nearly cicatrised, and the cure was complete.

Diagnosis from Œgophony.—Œgophony is no sign of pleuritic effusion. The true sign is to alter the position of the patient. The fluid then leaves its former place, and vesicular respiration is heard where it did not exist previous to the alteration of position.—*M. Piorry's "Clinique Medicale" at La Pitie and La Saltpetriere.*

M. ROUX

ON THE

RESTORATION OF THE PERINEUM,

IN CASES OF ITS FISSURE, OR COMPLETE RUPTURE.

Amongst the various candidates for the vacancy in the section of surgery in the University of Paris, occasioned by the death of Baron Boyer, the two most distinguished are certainly M. Breschet, and M. Roux, surgeon in chief of the *Hôpital de la Charité*; and the analysis which we propose to make of the following interesting papers, read before the *Academy of Science*, on Jan. 5th and 13th last, will serve to show the claims of either candidate, and one of the means by which scientific distinctions are sought for and obtained in France.

Injuries of the perineum in the female commonly depend on the effects of difficult labour, or are produced by an ill-regulated use of instruments. A more or less complete destruction of the perineum may also be caused by various accidents, such as wounds, or gangrenous ulceration. Congenital division of the perineum, if it ever does occur, must be extremely rare; and it is remarkable, that the organs of generation in the female should escape this malformation, which we find so often in other parts of the body, as in the upper lip, the velum palati, sternum, linea alba, &c.

The appearance of the wound presented by the perineum in cases of injury, varies in different subjects. Sometimes the recto-vaginal wall alone is injured, and nature unaided effects a cure; but in most cases the perineum is the part principally affected; sometimes we find a limited central perforation, which may have given passage to the child; and in cases of this kind, the efforts of nature are always successful in uniting the divided parts. In other cases the anterior part of the perineum is torn, while the anus and its sphincters are untouched; and, finally, we may have complete division of the perineum, comprehending, either totally or partially, the recto-vaginal wall. Here the resources of nature are unavailing, the edges of the wound cicatrise separately, and the anus is joined to the vulva by a long, narrow, and irregular slit, the edges of which are covered by a mucous membrane.

The consequences of such an accident are readily conceived. In addition to the disgusting nature of the infirmity, the female is tormented by an incapacity of retaining any fecal matter, and is compelled to live in a state of seclusion, alike repugnant to her sex, age, and domestic habits. The honour of having first attempted a surgical operation for the relief of this accident is due to Guillemen, a contemporary of Ambrose Paré, who succeeded in curing a ruptured *perineum* by the use of the intercepted suture. At a later period the suture was recommended by Mauriceau, Lamotte, and Smellie, but none of these authors say that they had practised the operation themselves. The operation remained for a long time in oblivion, until it was revived, near the end of the last century, by two French surgeons, who have recorded each a successful case. These were the only two facts which were known or cited in surgical works for a very long period. Baron Boyer had never practised the operation during the course of his surgical career; and in his great work confines himself to a simple approval of the means which might be employed. M. Dubois, for many years chief physician of the Lying-in Hospital, attempted the operation only once, without success; and his son was not much more fortunate in the only case upon which he operated; they both employed the twisted suture first used by Saucerotte.

Since the successful cases of M. Roux have begun to attract general attention, it has been observed in a journal that Baron Dupuytren effected a cure by means of the suture about fifteen years ago, and that M. Montain, of Lyons, was equally fortunate in an operation which bears some resemblance to that imagined by M. Roux. English surgery, though productive of so many useful improvements, seems to have abandoned the accident altogether; the Germans, indeed, took up the question about the beginning of the present century, and discussed with much ingenuity the period most proper for the operation; the principal partisans of the suture were MM. Mentzel, Osiander, and Dieffenbach of Berlin; some proposed the intercepted suture, others the twisted suture, but some have recommended the quilled suture. M. Dieffenbach was in the habit, as appears from his description of the operation, of practising two longitudinal parallel incisions along the sides of the vagina and perineum, in order to prevent the dragging to which these parts might be exposed by the action of the suture, and was successful in two cases; Osiander obtained a cure in one case without having recourse to the lateral incisions.

These operations of the German sur-

geons were well known in France, but the cases of success were rather regarded as exceptions, and it was not conceived possible to discover a means of restoring the perineum, applicable in all cases, and affording any sufficient probability of success. The operation was, therefore, as it were, abandoned in France, as in England, and even so lately as four years ago, M. Roux partook of the general prejudice, when a case presented itself to him which gave rise to an idea that must effect an extensive change in the opinions of surgeons upon this point, and be productive in the end of the most happy results.

Case 1.—The wife of a physician of Normandy, who had been married very early in life, became pregnant in her twentieth year; the labour was tedious, and the application of the forceps necessary, the result of which was, a complete laceration of the perineum, extending from the vulva to the anus; the patient was not submitted to any treatment, and was seen by M. Roux, two years after the accident, when the parts presented the following appearance:—the fissure had taken place exactly upon the median line; its edges were supple and perfectly cicatrised, and the vagina and anus formed one opening; the fissure extended, moreover, about half an inch through the recto-vaginal wall.

The inconvenience produced by such a state rendered some attempt for the relief of the patient necessary, and M. Roux consented to undertake the operation, which was accordingly performed in the month of January, 1832. Having no experience of his own to guide him, and being acquainted with no other cases than those recorded by Saucerotte and M. Dieffenbach, M. Roux resolved to follow the method pointed out by those surgeons and to employ the twisted suture.

The operator commenced by cutting away the edges of the cicatrised wound, from the vulva to the anus, after which he united the fissure of the recto-vaginal wall by a simple point of suture. Four silver pins were introduced from one side of the wound to the other, being distant from each other about half an inch, with an interval of an inch between the edge of the wound and the point where the pin was introduced; the threads were drawn moderately tight, and although the perineum seemed a little tense, it was not thought necessary to make the lateral incisions recommended and practised by the Prussian surgeon.

The patient's husband, a well-informed physician, paid her every attention that was possible, and things went on favourably for some time; on the sixth day the pins were removed, and the edges of the wound appeared to be united; but this was completely illusory; the uniting medium was merely a glutinous matter which gave way in a couple of days, and the state of the patient became as distressing as ever.

In spite of this unfortunate result, it was resolved to make a fresh attempt, which was put into execution in the month of May. The cause of failure in the first operation, seemed chiefly attributable to the twisted suture employed, which acted principally on the external surface of the wound above, without keeping the deeper-seated parts in contact: thus the bottom of the wound remained open into the vagina, and was constantly moistened by mucus from that canal. Hence M. Roux was led to the reflection that the quilled suture would be preferable, and this method was put into execution. Two fragments of a gum-elastic bougie were used for the cylinders, and the edges of the wound were again brought into perfect contact; on the seventh day the cylinders were removed and all the sutures withdrawn, when it was found that the edges of the wound were consolidated in a manner that offered little appearance of their again separating, the cicatrix daily acquired fresh strength, and was finally completely formed.

The perineum now differed but little from the healthy state, it was two inches in length, was composed of two moieties perfectly similar, and whether examined by the anus or vagina felt strong and solid. The subject of the present case left Paris in the month of June, at which time there still existed a very small opening between the anus and vagina, in the recto-vaginal wall, but this soon became completely closed; the lady became pregnant toward the end of the year, upon which the operation was performed, and was delivered after some hours of active labour, without suffering any serious injury of the perineum or other accident.

We can readily conceive, says M. Roux, the advantage which the quilled sutures possess over the others; as the threads are introduced by means of curved needles, a greater portion of the integuments can be embraced than when we use the straight needle, and hence we have not to fear that the sutures may come away too soon; besides, the cylinders exercise an equal pressure all along the edges of the wound, which are not dragged towards each other in the same manner as when the other species of sutures are used.

Case 2.—The second case in which the quilled suture was employed, terminated in a manner nearly equally fortunate.

Josephine Grard, pregnant for the first time at the age of 19, was delivered without any artificial assistance, but the perineum was lacerated completely, during the passage of the child through the external parts. She was received into *La Charité*, in March 1833. The only preliminary treatment employed was the administration of certain remedies to retard as much as possible the necessity of going to the *gar de robe*. The operation was conducted exactly in the same manner as the preceding; and in three weeks the perineum was perfectly restored. A small opening, which permitted the passage of intestinal gas from the rectum into the vagina, existed in the recto-vaginal wall, but when the patient left the hospital, in the month of May, it was reduced to the smallest possible dimensions.

Having given an account of two other successful cases, in which the injury was as extensive and the results as fortunate as the preceding, M. Roux reports the only case in which he failed:—

Case 3.—This was a female 40 years of age. The fissure of the perineum had been originally produced by an operation practised for the cure of fistula in ano, and extended from the rectum into the vagina; the case was also complicated by a prolapsus of the rectum, which formed externally a tumour as large as the fist, whenever the woman remained standing, or made any considerable effort in that posture. The patient also suffered much from diarrhœa and pain in the abdomen, accompanied with continued fever. These symptoms were combated for three weeks previous to the operation, by strict diet and every other means calculated to appease the intestinal irritation. They were in a great measure successful, but on the third day after the application of the sutures, fresh signs of abdominal inflammation appeared, the sutures ulcerated, the wound opened, and the patient sunk in a very short time.

In these different cases the perineum had been completely ruptured from one extremity to the other, and the edges of the wound for a long time cicatrized. As to the period most proper for attempting the operation, M. Roux thinks that in cases of extensive injury to the perineum and recto-vaginal parietes, it will be prudent to wait until the health of the woman has been somewhat re-established, the edges of the wound cicatrized, and the surrounding parts freed from the irritation and inflammation consequent on the violence which generally occasions this accident.

It is worthy of notice that in all the cases operated on by M. Roux, the degree of inflammation which came on after the application of the sutures never exceeded that which was strictly necessary for the union of the wound; and although a great quantity of purulent matter was in all cases discharged from the vagina, the injection of emollient fluids was sufficient to prevent any ill consequences which might have arisen from the stagnation of this matter in the vagina or about the wound. It should also be remarked, as the circumstance might otherwise occasion some alarm, that all the females were unable to make urine for a few days, and the use of the catheter became necessary. In each case, also, after the removal of the sutures, it was found that the wound was not entirely closed in the vicinity of the anus, but presented a small slit, like that arising from the division of a fistula in ano; but this opening was of short duration, and the communication between the anus and vagina was finally closed, although long after the consolidation of the perineum it gave passage to the intestinal gas and liquid feces.—*Gaz. Med. Paris.*

M. G. BRESCHET

ON A NEW METHOD OF TREATING AND CURING

CIRCOCELE AND VARICOCELE.*

Varicocele and Circocele are, as is well known, only varicties of the same disease; the first being a dilatation of the veins of the scrotum, the other of the spermatic chord, or testicle itself. Authors say this disease is more generally found in adults and in old people, but M. Breschet has had occasion to remark it much more frequently in young subjects, where it has been produced by an abuse of venereal pleasures. Whatever may be the cause of the disease, the symptoms are not confined to a simple distention, increased by heat, exercise, &c., but the patient experiences excessive pain along the chord, which is so severe as sometimes to give rise to the idea of a neuralgic affection.

The symptoms, in most cases, resist every means employed to combat them, or disappear for a short time, to return again with increased force: the veins gradually

* This memoir, like the preceding by M. Roux, was read before the Royal Academy of Sciences, Paris,—Jan. 13, 1834.

become more and more engorged; and M. Breschet has seen examples where the mass formed by the vessels of the scrotum and chord had acquired the size of a fist, or of the head of a young child. In such a state the disease has been considered incurable by most surgeons, who content themselves with recommending a suspensory bandage, and the application of topical astringents. Petit attempted the radical cure of the disease by taking up the vessels of the chord, and on two occasions practised the operation with success; but further trials have produced effects analogous to those which, it is well known, succeed so often to the ligature of veins in the extremities, and his example has few followers.

Latterly, the ligature of the spermatic artery has been advised; but the testicle is thus deprived of nutrition, and falls into a state of incurable atrophy. Finally, castration is recommended by some surgeons. Without alluding to the severity of this operation, and the removal of so important an organ as the testicle, it is clear that the method can only apply to cases of circocele. It therefore remained to seek for some new mode of cure; and M. Breschet conceived the idea of applying pressure to the varicose veins,—a method which had been attended with success in several cases where it had been put in practice. The two following cases, which were treated in the *Hôtel Dieu* during the course of last year, present many interesting particulars.

Case 1.—*Circocele and Varicocele of the left Testicle, treated by pressure. Cure.*—The subject of the present case, 29 years of age, first perceived some swelling of the left scrotum at the age of 15: a few years later the vein of the chord began to dilate, and to occasion a great deal of inconvenience to the patient, who in vain applied for relief to several surgeons; in consequence of which he entered the *Hôtel Dieu*, on the 27th May, 1833, at which time the state of the parts was as follows: the integuments of the testicles were soft and relaxed, and knotted by various dilated veins, several of which had attained the size of the little-finger. The left testicle did not appear to be enlarged; but the epididymis formed a large soft mass of vessels, which might be diminished by pressure, and was insensible.

M. Breschet was at first content to prescribe absolute rest, and the application of linen cloths, dipped in cold lotion. This treatment was continued for a month, and the veins of the scrotum and chord were diminished a little; but this improvement was only temporary; and whenever the patient walked about the ward, the varicose state returned to such a degree as to indicate that in a short time the disease would resume its ancient aspect.

M. Breschet now resolved upon putting into execution an idea which he had previously conceived, viz., to obtain the obliteration of the vessels by means of compression. For this purpose he procured small iron forceps, which acted by the elasticity of the branches alone. These were soon found to be inapplicable; and others were manufactured, the branches of which might be approximated by a screw to any degree of pressure. These were now applied to two of the largest veins upon the scrotum: they occasioned some pain, and a slight inflammation, which was easily removed. As the branches of the forceps were brought closer to each other, they produced a dry eschar, which soon became converted into an ulcer: the ulcer healed in a few days, without having discharged any blood; and the vein was gradually obliterated, leaving no trace of its existence, either by its colour or size. All the other veins of the scrotum, sufficiently developed to be seized by the forceps, were treated in the same manner, and with the same results. There still, however, remained the varicose veins of the chord, which might present many obstacles to the employment of the means already successful: these were therefore modified; a larger forceps, with curved blades, so as not to compress the fold of skin too strongly, was procured; two of these instruments were applied to the chord, one close to the inguinal ring, the other near the testicle,—the vas deferens, which was easily recognised by its volume and sensibility, being removed from the action of the blades.

The instrument at first caused a good deal of pain, which was mitigated by topical applications; their use was continued for seven days, during which time they produced, at first, an inflammatory tumefaction of the compressed parts, and then a superficial eschar; the ulcers resulting from these eschars were healed within fifteen days, when the fortunate results of the pressure were clearly seen; in fact, the chord no longer presented any knotted appearance, and was nearly of the natural size. However, there still remained a small mass of varicose vessels between the point where the lower forceps had been placed, and the origin of the epididymis from the testicle. Two other instruments were therefore applied, with all necessary caution, to avoid the vas deferens; they also remained on for seven days, and equally produced some inflammation, pain, and eschars; after which the varicose engorgement rapidly diminish-

ed and disappeared. The testicle was now found in a healthy state,—of the natural consistency and volume. The patient was recommended to continue in the hospital for a month after his cure was complete, during which time he walked about for whole days without suffering any inconvenience, or return of his original complaint.

Case 2.—Another observation in Mons. Breschet's paper, is the case of a physician who was treated by him in November, 1833. The varicose engorgement of the left spermatic chord had existed for several years, and at the time of the operation was as large as a man's fist. As Mons. M. had occasion to come to Paris, in order to improve his medical studies, he consulted several eminent surgeons, who all pronounced the complaint incurable, and advised tonical applications, which were not attended with the slightest benefit. Mons. M** happened to attend the Hotel Dieu, at the time one of the cases just detailed was under treatment, and was induced by the fortunate results to place himself under the care of M. Breschet. The left side of the scrotum presented a tumour as large as the fist; the touch was sufficient to disclose its nature and situation in that part of the chord immediately contiguous to the testicle. The author thought it advisable (for what reasons he did not explain) to promote as much as possible the complete dilatation of the veins, before proceeding to operate, and for that purpose administered every day a warm bath, and kept the scrotum enveloped in a warm poultice. When the vessels were well gorged with blood, one forceps was applied below the inguinal ring, the vas deferens being carefully excluded, and a second below the most depending portion of the tumour; the two instruments were separated from one another by the interval of an inch and a half; constant pressure was thus kept up for forty-eight hours, and M. Breschet, conceiving this sufficient to determine adhesive inflammation of the veins, removed the forceps, and applied some topical lotions. As in the former cases, the points upon which the instruments were applied, inflamed, and presented small ulcerations, which healed in a short time. The varicose tumour now commenced to diminish, and on the 25th of November was not larger than a small nut, and there was no trace of vessels containing any fluid. In about fifteen days more the scrotum had recovered its natural size, and the patient was finally cured by a treatment which did not occupy more than twenty days.

From these facts we are entitled to conclude with the author, that the method of treating varicocele and circocele by pressure, is, 1st, a simple process; 2nd, easily executed; 3rd, is applicable to every stage of the disease; and 4th, is certain in its results, while it does not expose the patient to the hazard of any accident.—*Ib.*

THE MALIGNANT CHOLERA

IN THE HOUSE OF CORRECTION

AT WAKEFIELD.

Admixture of RICE with the Food.

To the Editor of The Lancet.

Sir,—With a view of redeeming the promise I made in my last communication, and perceiving that the "ricean etiology" of cholera still engrosses a large share of public attention, I feel it to be a duty which I owe to the profession, to give them some account of the disease lately prevalent and still existing, in the West-Riding House of Correction, that they may have correct notions as to rice being the cause of cholera at Wakefield.

Our first visitation of this dreadful disease was in June, 1832, a brief history of which was transmitted to the Central Board of Health. We remained exempt from any further attack until January 1833, when a solitary case occurred in a woman, who recovered. On the 23rd of June (being the anniversary of the breaking out of the cholera here) several severe cases of diarrhœa were sent into the hospital. The disease assumed different degrees of severity, and spread extensively throughout the prison. The men were principally affected; and five of the cases terminated in Asiatic cholera. Most of the men were from No. 13, the room in which so many were attacked the preceding year. During the months of June, July, and August, diarrhœa and dysentery constituted a large proportion of the cases admitted into the hospital. With regard to the extent of the disease from the 23rd of June to the 23rd of August, 149 prisoners were affected by it, in one or other of its forms. Of these, only one, a delicate infant, died. The cases of cholera all recovered.

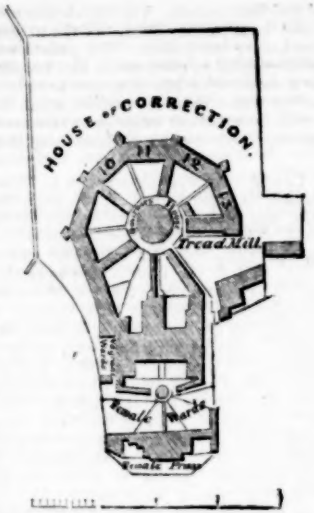
In consequence of the character of the disease, measures were immediately adopted for counteracting it. An immediate change in the diet was made, by allowing a more liberal supply of animal food, good white bread, and occasionally ale, during the continuance of the epidemic. Vegetables (particularly pota-

toes, as many of the cases of diarrhœa had evidently arisen from large *unmasticated* portions having been swallowed and passed into the bowels in an undigested form) and broths were entirely discontinued. The galleries, rooms, and cells, were thoroughly lime-washed, and fumigated with chlorine after Mr. Faraday's method. The attention of the visiting magistrates was directed to the state of the water in general use, which being supplied from a neighbouring brook, was highly loaded with animalculæ and vegetable matters, and even after standing for a considerable time in the tank to allow of deposition, was still highly impregnated, and unfit for culinary purposes. A temporary supply of pure water was obtained, and by means of filtering, this defect is now completely remedied. No particular cause could be assigned for the eruption of the disease, but the weather was extremely variable, cold, damp, and raw.

Coeval with this visitation, many of the prisoners who had been a long time under confinement, were affected with purpura. It occurred under two forms, *P. Simplex* and *P. Hæmorrhagica*, and some of the cases assumed the genuine characteristics of sea scurvy. All the cases attacked were men of broken-up constitutions, who had been ill fed and clothed previous to their committal, and, under a milk diet, with the introduction of fresh vegetables and acids, the disease disappeared.

In November, in consequence of the circumstances mentioned in my former letter, an alteration in the dietary was made, by which the animal food was reduced, milk, which before was allowed to be purchased, was forbidden, and *two ounces* of rice were, *twice* a week, substituted for potatoes.

Nothing particular happened until the 9th of December, when a case of Asiatic cholera occurred in a vagrant, who had been committed from Sheffield nineteen days before; and it is worthy of remark, that in all our visitations of the cholera it has *invariably* commenced in this class of prisoners, who are generally sent in a very destitute state, and whose cells are on the ground floor, and, consequently, more exposed to the influences of damp and cold. The next day another vagrant, who had been employed white-washing the cell in which the former patient slept, was seized and almost immediately went into a state of collapse, and afterwards died. The disease continued to spread among the vagrants until the morning of the 24th January, when it made its appearance in a most alarming form, without any premonitory symptoms in a different part of the prison, viz. No. 10.



(*Vide* Plan.) Before the termination of the day, 14 decided cases of cholera, and 16 of diarrhœa, occurred in this room, which had *previously* been quite free from any bowel affections. Most of the cases were in persons sleeping together, or in the same bed-cell. Out of one containing four persons, three were attacked, and the other had bilious diarrhœa. One was seized immediately after emptying a water-closet, and another whilst under the influence of mercury for syphilis. From the 9th December to the present day, 192, viz. 36 of cholera and 156 of diarrhœa, have been admitted into the infirmary, about one-third of the prisoners. Of these 8 have died, or one in four; and at present the total number of patients is, of cholera 5, diarrhœa 35, most of whom are convalescent, and merely retained in the hospital by way of preventing relapse.

Such being the extent of the disease, we proceeded to recommend those measures which in the former epidemic were proved so efficacious, viz., a more liberal allowance of animal food and milk. With regard to the treatment, so far as my own experience and that of my friend and able colleague Dr. Thomas went, nothing was so beneficial in the stage of approaching collapse as the hot-bath 108°, as long as the patient could bear it, and the rapid administration of mercury.

I shall now proceed to inquire into the effects of rice, as the *supposed* cause of the last visitation; and my reasons for think-

ing it has not contributed to its production are,

First. Because if this had been the case, what occasioned the three visitations *previous* to the introduction of rice, viz., June 1832 and January and July 1833?

Secondly. Had this been the case, the female prisoners using the *same* diet could not have been *universally exempt*, as they have been and still are, from cholera or diarrhœa.

Thirdly. The rice is of the very best quality, and has been used by the officers of the institution without any ill effect.

Fourthly. Rice has been most extensively used in the West-Riding Pauper Lunatic Asylum for a length of time, and yet no case of cholera has occurred.

Fifthly. The quantity of rice allowed (two ounces twice a week) is too small to have produced any effect; and what is most singular, the prisoners who have been the *longest period* under its use, have been the *most free* from the disease.

Lastly. We are now using the same rice *daily* in the form of rice milk as a diet for the convalescent patients, with the very best effect.

A more probable cause of its production may be suspected in the low, damp situation of the prison, and the destitute condition of the prisoners, being generally in that class whose general health is broken up by excessive indulgence in spirituous liquors, exposure to cold, and other depressing agents. Perhaps also the diet, being of too liquid a kind, might be improved, by providing that one meal, at least, each day, should consist entirely of solid food.

In the letter I lately wrote to you I said, that I thought the profession was much indebted to Dr. Tytler for his having established the fact, that deleterious rice is now selling in the markets of England, and in consequence of his communication great care was taken in selecting the rice. In many of the samples furnished in Wakefield I detected the varieties Dr. Tytler has described. The governor, therefore, went to Liverpool, and selected such a quality of the Bengal rice as the most fastidious could not object to. In concluding this report, I think it right to again state my persuasion, that rice has had no influence in introducing the last visitation; and although I must admire the great ingenuity and talent Dr. Tytler has displayed in supporting his theory, I fear that facts, so far as this country is concerned, will prevail against him.

I have the honour to be, Sir,
Your obedient servant,
HENRY DUNN.

Wakefield, February 4th, 1834.

CASE OF TRANSLATION OF THE MENSTRUAL DISCHARGE.

By WM. GREENWOOD, *Esq., Surgeon, Blyth.*

J. F., æt. 18, a tall girl, of a spare habit, came under my care, with two large indolent ulcers, one extending from about an inch below the trochanter major, to the pubis, backwards, crossing the anterior superior spinous process of the ilium, to its junction with the sacrum. The other reached from the spine to the last of the false ribs, nearly to the sternum, and upwards to between the fifth and sixth ribs. They had an unhealthy appearance, with hard jagged edges, and a foul ichorous smell.

Several months before, on attempting to remove a kettle from the fire, her clothes were caught by part of the grate, and she was kept by the accident so close to the fire for some time that she was severely scorched. She had seen a number of medical men, and had tried a variety of applications, and undergone various modes of treatment, without inclination in the ulcers to heal.

This happened several months before I saw her. She had menstruated a few times regularly, since which she had "seen nothing" by the natural mode, but at each proper period there flowed from the ulcers a quantity of dark blood, continuing for twelve or fourteen hours, and sometimes for a few days. The breasts had swelled but very little, her voice was harsh and dissonant, and her behaviour altogether did not indicate that she belonged to the female sex. She was in a very emaciated state.

On my attendance, the edges of the ulcers were freely divided, the dilute nitric acid was applied, with straps of adhesive plaster, and she was ordered to take the following mixture and pills; to have, also, nourishing diet:—

℞ *Tr. Lyttæ* ʒiss;
Tr. Aloes Comp. ʒiii;
Spt. Æther. Nitros. ʒij;
Aqua Cinnam. ʒviii. M. Capt. coch. magn. ij ter die.

℞ *G. Galbanum;*
Pil. Hydrarg.;
G. Myrrhæ, aa. ʒss. M. Ft. pil. xviii. Capt. ij h. s. om. nocte.

Calling on the day when she expected to be unwell, I found a quantity of dark grumous blood oozing from the ulcers. She complained of pains in the back and thighs, with general listlessness. A mild

ointment was applied until the discharge stopped, which took place in about eleven hours.

The mixture was changed for the compound decoction of aloes, and the pills were ordered to be taken occasionally, as her mouth was rather sore. From this time the character of the sores changed. They assumed a better appearance, and healthy granulations appeared on the surface. Towards the next month a slight discharge came from the vagina, and none from the ulcers, and the normal process has continued ever since. Her breasts gradually enlarged, her voice lost its harshness, and the sores nearly healed. Her appetite became good, and, by taking gentle exercise, and using a nourishing diet, she has continued steadily to improve in health to this time. She has now returned to the country to her usual employment.

Blyth, Northumberland,
January, 1834.

CHLORIDE OF GOLD AND SODA IN SYPHILIS.

To the Editor of THE LANCET.

SIR,—It may be remembered by yourself, although decidedly not by the rest of the profession, that I ventured to recommend to their adoption the exhibition of *chloride of gold and soda*, for the cure of all the forms of syphilis, on the evidence of the papers of Drs. Chrestien and Benaben, detailing three cases, which appeared in your useful publication,—confirmed in my belief by four other instances occurring in my practice (one of which involved two varieties, recent chancre and secondary symptoms), in all of which that salt produced the most beneficial effects, *without any* external indication for its employment, except a blueness on the skin of the tongue, as if it had been dyed from sucking a pen after having written with ink, and which soon after disappeared.

This communication was made to THE LANCET on the 10th of July, 1830 (No. 358), and ever since that period I have treated all the forms of this scourge to humanity which presented themselves, in the manner there advised, and with the most complete success.

I have a list of forty cases which were thus cured within less than two years subsequent to the above date, many of which I have been enabled to watch to the present moment, and in *none* of these have secondary symptoms supervened. Since that period I have not preserved a register of cases, but very numerous would have been the entries if I had done so, and the omission I now much regret.*

I am, Sir, yours ever,
R. DEWEY FORSTER, M.R.C.S.

55, Park-street, Grosvenor-square,
7th February, 1834.

STRICTURE OF THE RECTUM.

CASE OF "CIRCULAR STRICTURE."

To the Editor of THE LANCET.

SIR,—I have read, in the pages of your Journal, a part of the controversy between Mr. Salmon and Dr. O'Beirne, wherein the latter gentleman unequivocally denies the existence of circular stricture of the rectum within reach of the finger. As the subject is highly interesting, and most important to medical men, I am induced to trouble you with the particulars of a case at the present time under my care, corresponding precisely with the views entertained by Mr. Salmon; and as it bears upon the point in dispute, you will perhaps give it insertion in your Journal. First, let me refer to a passage in Dr. O'Beirne's letter, in your publication of the 1st of February, wherein he writes—"A surgeon, upon examining the rectum per anum, feels that the pouch of the intestine is so open, that he can roll his finger freely about in it; and that on pushing his finger higher up in the direction of the bowel, its point enters a narrow opening or ring. But what idea does he form of the nature of this ring? The most natural that can be; that it is formed by an opening in the centre of a septum thrown across the cavity of a gut, which he supposes to be always in a dilated and open state." Now this description does not correspond with the case under my care, for upon passing the finger about two inches up the rectum, its further passage is obstructed by a distinct hard ring, the opening through which *was* so small, as not to admit the passing of a middling-size glyster-pipe without the greatest difficulty, and if any force were employed, it gave rise to severe pain. Can this be an opening in the centre of a septum thrown across the cavity of a gut?

A gentleman, thirty-seven years of age, about eighteen months ago, began to complain of pain in the rectum upon passing his motions, continuing for a short time

* It is but justice to add, that shortly after the appearance of my cases, several fruitless applications for "the salt" were made to Messrs. Joyce, Garden, Squire, and other operative chemists.

after each evacuation. The bowels were acted upon from three to six times in the twenty-four hours; the motions were loose, and occasionally tinged with blood; a continual oozing from the anus of bloody mucus; yet the general health good. About nine months back the pain in passing the motions became very acute; the bowels were acted on from six to eight times a day, the feces passing with difficulty, and a continual bloody purulent discharge came from the anus; the general health became very much impaired. Mr. Salmon's opinion upon the case was requested, and he, after a careful examination, pronounced it to be circular stricture of the rectum within reach of the finger, with ulceration of the mucous membrane immediately above the contraction. My patient was called into the country, which prevented his following the plan of treatment advised, and the disease continued to make a gradual but destructive progress. In November last he was unable to leave his bed, the bowels being acted upon from twenty to thirty times a day; he also felt a constant inclination to evacuate them, and the discharge of matter from the anus increased; the situation of my patient at this time was most deplorable. A very distinguished surgeon now saw the case, whose opinion was, that there was a distinct hardened ring about two inches from the anus, not admitting the end of the finger. This gentleman was not decided as to the stricture being of a scirrhous nature, but he yet thought it a hopeless case.

Soon afterwards Mr. Salmon, having accidentally heard that my patient was in a hopeless condition, with a zeal highly creditable, expressed a desire to examine the rectum again, as he was satisfied there was simple circular stricture of the rectum within reach of the finger, and suggested a plan of treatment, consisting of alteratives, narcotics to the rectum, and dilatation of the stricture. The result has been most satisfactory; the health is improving, the bowels are not acted upon more than four or five times a day, the stricture having become so far dilatable as to admit my passing the rectum plug No. 5, without much pain or difficulty, though to do this eight weeks back would have been impossible, for the aperture would barely admit the plug No. 1; added to which, the pain in attempting it was acute in the extreme. By inserting these simple facts you will do an act of justice to the profession, and oblige your constant reader,

SAMUEL BACON.

41, Frederick Place, Hampstead Road,
Feb. 10th, 1834.

MODIFICATION OF THE LITHOTRIPTIC PERCUTEUR.

To the Editor of THE LANCET.

SIR,—In a late number of the *London Medical and Surgical Journal* I observed a notice of an operation for breaking stone in the urinary bladder by the aid of an instrument similar to that used by Baron Heurteloup, differing in this respect only, that the moveable blade, instead of being struck down with a hammer, is forced against the stone by means of a screw. This modification of Heurteloup's *percuteur* seems to be approved of by Mr. Brodie and other surgeons who saw it used.

The fixing of the percuteur on the rectangular bed, without which this instrument can be of little service, the sound of the hammer, and the expense of the rectangular bed itself, are great disadvantages in the operation as practised by Heurteloup; and any modification of the apparatus which will render the operation more simple in its nature must be considered a valuable addition to our means of treating urinary calculi.

About two months ago I put into the hands of Mr. M'Leod, our celebrated cutler, a model of an instrument, which, when completed, I fancied might possess this character. Mr. M'Leod had the instrument made in his usual excellent style, and the trials which have been made on the dead and living subject have fulfilled the anticipations I had formed of its utility and power. The instrument is similar in most respects to the percuteur. A rack is cut on the lower surface of the sliding blade, at the end next the operator's hand, and a pernion which is placed underneath it. Both are contained in a box about three inches long and one square, and the wheel is moved by a handle, projecting from the right side of the box, which, according to the force required, may be of any length the operator chooses.

Since this instrument was made I have seen one constructed by Charriere of Paris, in which the moveable blade is forced against the stone by means of an iron screw, and this I suppose is of the same nature as the one lately used in London. The modification I have described, however, seems to me to be more simple and more easily managed. Both are calculated to supersede the necessity of the rectangular bed, and do away with other objections to the lithontritic process which I have already alluded to.

I beg that you will insert the following letter from Mr. Liston, which, coming

from an undoubted authority, may be considered as a character for the instrument thus shortly brought under your notice. I have the honour to remain, your most obedient servant,

W. FERGUSSON,
Lecturer on Surgery, Surgeon to the Royal Public Dispensary, Edinburgh, &c. &c.

Edinburgh, Old Surgeons Hall,
Feb. 6, 1834.

"Edinburgh, 90, George-street,
Feb. 6, 1834."

"Dear Sir,—I have made trial of the perenteur, modified as you describe; and although I do not think lithotrity very generally applicable, I have no hesitation in saying, that after having used on the living body nearly all the instruments which have been invented and recommended for breaking down calculi in the bladder, the instrument in question appears both safer and more efficient than any I have yet seen. I am your most obedient servant,

"To W. Fergusson, Esq. ROBT. LISTON."

THE LANCET.

London, Saturday, Feb. 15th, 1834.

DURING the ten years and upwards that we have conducted this journal, at no period, on no occasion,—signal as have been our trials, and gratifying as have been the events we have had to record,—at no one moment have we experienced a more cheering, heartfelt satisfaction, than at this instant, when we have the opportunity of announcing that the success of the cause of medical reform is secured, by the appointment of a Committee of Inquiry in the House of Commons. The motion of Mr. WARBURTON was brought forward on Tuesday evening last, and the following is a report, taken specially for THE LANCET, of the brief discussion which took place on that occasion.

HOUSE OF COMMONS.

Tuesday, February 11, 1834.

Mr. WARBURTON rose to submit his motion for a Committee of Inquiry into the state of the medical profession, and said that as the motion was not to be opposed, he should not deviate from the custom of the house by entering into the merits of the question, as these would more properly be considered by the Committee. This much, however, he would say, that great dissatisfaction prevailed among the numerous and highly respectable class of individuals who constituted the medical and surgical profession. The College of Physicians had been in a state of constant litigation for the last hundred years with the licentiates of that institution, whose petition against the by-laws of the College he had last year the honour to present to the house. Those by-laws Lord Mansfield had declared to be contrary to the law of the land. The dissatisfaction felt against the College of Surgeons, had often and strongly been expressed by large meetings of that body, and the privileges assumed by the Apothecaries Company, and the injurious effects of the Apothecaries Act, were, during the last session, brought under the notice of the house by numerous petitions, and though some of those petitions supported the Company, they nevertheless prayed for a general inquiry into the state of the profession. Moreover, the Committee nominated last year by the house to consider the Act of 1815 had reported that a more extended inquiry was necessary than that which they had been appointed to make. Having thus briefly stated how much discontent prevailed in the profession on the subject of the laws by which the medical constitution was regulated, and understanding that no opposition would be offered to his motion, he would now move that a select Committee be appointed "To inquire into, and consider of, the laws, regulations, and usages, regarding the education and practice of the various branches of the medical profession in the United Kingdom."

Colonel WOOD expressed much surprise at hearing the honourable member declare that his motion would not be opposed, as it was his determination to give it his most strennous opposition, in which he hoped to be joined by the house. There was no necessity for any inquiry, as the College of Physicians had been for some time engaged in revising their by-laws, and the College of Surgeons would have no objection to get a new charter, and as to the Apothecaries Company, he must enter his solemn protest against its being in any way altered, as he considered the Act of 1815,—which had up to the present time been productive of the greatest benefit,—was, in fact, the *poor man's friend*. (Laughter.) The rich might employ the physician, but the poor were wholly under the charge of the apothecary, or the *poor man's friend*, and it had always been the object of the Company to provide, by strict examinations, competent practi-

tioners, as well as to protect the poor against the employment of quacks and ignorant men as parish surgeons. No injustice was done to the Scotch or Irish gentlemen, as they might practise in England by passing the necessary examinations. Considering, then, that the appointment of the Committee would be a waste of time, as it would probably be occupied some months, as well as a waste of public money, and, at the same time, as the house was complaining of the non-attendance of members, it would be absurd to shut up thirty-five men in one of the committee-rooms to discuss the business of all the doctors in England, and spend some £500 in the printing of evidence which no man would take the trouble to read, when both time and money could be so much better employed. He therefore solemnly protested against the motion, and would divide the house on it even if he stood alone.

Mr. J. A. MURRAY had heard, with the utmost astonishment, the Act of 1815 designated as the "poor man's friend." If the object of the Company were sincerely to benefit the poor, how did it happen that they only interfered to prevent competent men from practising, gentlemen who had obtained their degrees elsewhere, and who had received a better education than the one enforced by the Company? It was well known that the medical practitioner in the country, is the physician, the surgeon, and the apothecary. Why should they be called upon to pass an examination before the Apothecaries Company of London, and to pay fees to that corporation? Was that for the benefit of the poor? He should certainly vote for the Committee, as he could not conceive that the house could be better employed, than in considering what really was best for the poor.

Colonel WOOD explained.

Mr. SINCLAIR said, that the question before the house had excited the greatest anxiety in Scotland, on account of the injury inflicted on the members of the profession in that country. There was a universal desire that the question should be considered fairly, and without reference to any particular interest.

Mr. GILLON had no hesitation in stating his belief that the Act of 1815 was framed solely for the purpose of putting money into the pockets of the Apothecaries Company of the city of London, and of creating a very objectionable monopoly. It was certainly true that Scotch or Irish members of the profession might practise in England, but not without passing an examination before the Worshipful Company, and in order to do that he must serve an apprenticeship of five years to an apothecary, not for the purpose of learning his profession, but to be engaged in the most menial duties behind the counter. He did not know how the time of the house could be more usefully employed. Even if it cost many thousands, he knew the house would not grudge it, when they considered that they were promoting the education of that profession, which extended relief to the public in the trying hours of pain and sickness. (*Hear, hear.*)

Mr. LITTLETON could bear testimony to the interest felt in Ireland upon this subject, and it was but justice to the numerous deputations who had waited upon him, in an official capacity, to state, that although they were unable to agree as to the best remedy for the evils complained of, they, nevertheless, all concurred in the propriety of instituting the proposed inquiry, having for its object, the equalization of the privileges of medical men throughout the United Kingdom. He therefore cordially supported the motion of his honourable friend. (*Hear, hear.*)

Mr. O'DWYER said that the house would scarcely believe it, but such were the absurd privileges of the Apothecaries Company in Dublin, that in an instance which had come to his knowledge, a physician had been prosecuted by the Company for dispensing his own medicines, thus implying that the individual capable of prescribing medicines was incompetent to perform the manual operation of dispensing them. In Ireland, as well as in England and Scotland, some change was highly desirable.

Mr. RUTHVEN defended the Apothecaries Company of Dublin.

Mr. HUME thought it very absurd that physicians and surgeons should be prohibited from dispensing medicines. He (Mr. Hume) had served an apprenticeship in Scotland to a medical gentleman, and had passed examinations there, and yet he could not practise as an apothecary, although he considered himself as competent to do so as any apothecary in London. (*Laughter.*) The Ministers would belie their professions for the removal of abuses, more especially after the recent inquiries into the corporations and the church, if they did not consent to the appointment of the Committee moved for by his hon. friend. He had recently had an opportunity of forming a judgment on the subject, and he considered that the medical profession in this country, compared with that of France and Germany, was in a state of absolute barbarism. He hoped to see examinations no longer conducted in secret places, but in an open court, as in France, being assured that

such a system would go far to ensure a high degree of talent and reputation in the profession. (*Hear.*)

Mr. WARBURTON stated, in reply to Colonel Wood, as a proof of the value attached by Government to the diploma of the College of Surgeons, or of the Apothecaries Company, that the Army and Navy Medical Boards, and the East India Company, require proofs of a more extended course of education, and a much stricter examination as to the qualifications of the candidates, than was evidenced by the diploma or license of the College and Apothecaries Hall. Government made no distinction as to the place where that education had been obtained. He thought enough had been said to prove the necessity of the proposed inquiry. (*Hear, hear.*)

The question was then put and agreed to without a division.

The House, during the discussion, contained about 200 Members, and a very deep interest in the discussion was evinced. Many other Members, besides those who took part in the debate, rose to speak, and were only prevented from doing so, by the unanimity of opinion which appeared to prevail in the assembly.

The following is a list of the Committee which was appointed, with power to send for persons, papers, and records. Five to be the quorum.

Mr. Warburton	Mr. Hume
Lord Vis. Howick	Mr. Clay
The Lord Advocate	Mr. Robert Clive
Mr. Littleton	Mr. Ewart
Sir Robert Inglis	Mr. Peter
Mr. Goulburn	Mr. Strutt
Mr. Shaw	Mr. Edward Romilly
Mr. Abercromby	Mr. W. Whitmore
Mr. James Oswald	Mr. George Wood
Mr. Bannerman	Mr. Ord
Mr. Andw. Johnston	Mr. Gillon
Mr. Halford	Mr. Sinclair
Mr. Frankland Lewis	Mr. Baldwin
Mr. Hawes	Lord Oxmantown
Mr. O'Connell	Mr. Sergeant Perrin
Mr. Spring Rice	Mr. Jephson
Sir Robert Peel	

Thus it will be seen, that although Colonel WOOD threatened to divide the house, even if he stood *alone* as the opponent of the motion, the honourable member's spirit, — quailing under the strong indignation which was evinced against the monopolists of medical abuses generally, —abandoned what he quickly perceived must be an useless hostility, and allowed the motion to be carried *nem. con.*

The conduct of Colonel WOOD is extraordinary. When the Apothecaries Amendment-Act Bill was before the house in the last session, this honourable member deprecated the adoption of that measure in the absence of *further inquiry*, having insisted at the same time, that the Worshipful Company was particularly solicitous that an *extensive investigation* should be instituted in the course of the next session of Parliament. That next session of Parliament has come, and *now* the gallant Colonel lustily contends *against* prosecuting any inquiry into medical law and abuses! He deprecated the motion for the appointment of a medical Committee, and announced prophetically that he would do so, even if he stood alone! *Alone* he did stand, but certainly not as the emblem of *consistency*. If Colonel WOOD be really desirous of ascertaining what are the feelings of the profession concerning medical abuses,—what are the opinions of medical practitioners, with respect to the incorporated monopolies,—he will do well not to found his medico-political creed *on the statements of Mr.* GEORGE JAMES GUTHRIE, whose mind, on the subject of medical polity, appears to be warped into every possible variety of distortion. It *was* Mr. GUTHRIE who ear-wigged the unsuspecting under-secretary, Mr. G. LAMB. It *is* Mr. G. J. GUTHRIE who is the surgeon and manager of the *Ophthalmic Infirmary*. Colonel WOOD is the *Treasurer* of that institution, and Colonel WOOD is the brother of Mr. WOOD, the bustling brewer of Westminster,—a gentleman who has signalized himself by his modest and diffident demeanour towards the medical officers of the *Westminster Hospital*. Of course we do not impugn the motives of any of these parties, but it is of use occasionally to trace out the links of a family circle, with a view to obtaining a just com-

prehension of our own position. Assuredly, however, the ground on which medical reformers stand is none of the weakest or most insecure, when Mr. WARBURTON, relying upon the strength of his cause, has introduced the names of HALFORD and BANNERMAN into the list of his Committee,—for Mr. HALFORD, be it known, is the son of the President of the College of Physicians, and Mr. BANNERMAN is the son of the President of the College of Surgeons. There are, besides, other close connexions of the medical Colleges of Ireland and Scotland to be found amongst the Committee. In short, on looking over the names of the Committee, there is exhibited the strongest evidence of the discretion, judgment, and sincerity, of Mr. WARBURTON.—The elements of the Committee having been fairly and impartially chosen,—the Committee including both gentlemen who are known to be friendly to a re-construction of our medical statutes, and members who are avowedly hostile to every change which they can denominate "innovation,"—it is impossible that the report of a Committee so constituted can fail to influence the great majority of the members of the House of Commons.

Let us not, however, anticipate what will be the result of the investigation, but proceed to adopt the necessary measures for rendering the scrutiny searching, general, and effectual. From the feeling already manifested in the House, it is clear that we are greatly indebted to private practitioners residing in distant parts of the empire, for the information which they have furnished to the senators with whom they have come in contact. Thus, their exertions have already greatly contributed to secure the establishment of this investigation, and now that the requisite machinery is appointed for conducting it, let us not forsake our able general, but rally around his standard, and contribute, by every means in our power, to smooth the path of contention, and prove, before the house and the country, that an inquiry into the state of medical education and practice in the three divisions of the country, is not a labour of supererogation.

The more prominent subjects to be investigated may be comprised under the following heads:—

1. The medical treatment of parochial poor.

2. The contracts made by parochial officers with medical practitioners for farming the sick-poor.

3. The treatment of the poor in dispensaries and infirmaries which are supported by voluntary life and annual contributions.

4. The mode of appointing medical officers to such institutions.

5. The modes of appointing medical officers to jails, houses of correction, penitentiaries, and public lunatic asylums.

6. The regulations and systems of medical treatment adopted in private lunatic asylums.

7. The individuals who are best qualified to discharge the duties of commissioners of lunacy.

8. The state of medical practice generally, and its supposed effect upon the public health.

9. The practice of unqualified, uncertificated quacks, and the effects of that practice on society and the reputation of the profession.

10. The public sale of secret remedies.

11. Medical police and state medicine.

12. The revenues of all our endowed hospitals; the number of beds contained in each; an average of the number of out-patients treated in each; the conditions in life of the patients.

13. The mode of conducting medical appointments to the Navy and Army.

14. The number of students attending the chartered hospitals, with accounts of the fees paid by the students for witness-

ing the medical and surgical practice of those institutions, and for the privilege of attending the lectures delivered in them.

15. The election of the medical officers of our chartered hospitals.

16. The qualifications demanded from candidates who claim to be admitted as Fellows of the Colleges of Physicians. The qualifications demanded from those who seek to become Licentiates of those institutions, and the legal rights of both Fellows and Licentiates.

17. The qualifications demanded from candidates for the diplomas of the Colleges of Surgeons, and the legal rights of Members of those Colleges.

18. The same with regard to the examinations before, and the privileges conferred by, the Companies of Apothecaries.

19. The fees paid at the foregoing institutions for diplomas and licenses, and the manner in which the funds collected therefrom are appropriated.

20. The system of medical apprenticeships.

21. The exemption of chemists and druggists from the operation of medical law, and their right to dispense prescriptions without undergoing an examination before a competent tribunal.

22. The actual amount of wealth in the possession of each of the chartered medical institutions.

23. The qualifications demanded from candidates for medical diplomas at the various universities, including term-residence, the amount of fees paid to professors, and whether evidence of an extra-university education will entitle the claimant to receive the degree of "doctorate."

24. The appointments of professors and teachers in all our public medical institutions. The appointment of Courts of Examiners, and the system of election established, whether by charter or custom, in our various medical corporations.

Extensive as is this list, it does not reach the boundaries of the field of inquiry. It would appear as though it were almost impossible to go through such an investigation as is here contemplated, in the comparatively brief space of time which must be allotted to it in the House of Commons. *Comparatively*, we say, because it may seem to persons who are ignorant of the advantage to be gained by a strict adherence to method, and by selecting the witnesses with judgment, that a scrutiny into so many subjects, would require years for its completion. But it will be found that one or two competent witnesses from each institution will be sufficient to furnish the requisite information.

On examining the subjects just detailed, medical practitioners will at once discover in what manner they have it in their [illegible] to facilitate and render more pe[illegible] analysis which is about to b[illegible] under the Committee of M[illegible] TON's recommendation. [illegible] abuse which can be traced [illegible] of medical law,—every pul[illegible] calamity which owes its ori[illegible] construction of medical law[illegible] represented to Mr. WARBUR[illegible] some other active member of [illegible] mittee. But as Mr. WARBURTON h[illegible] dertaken to conduct the inquiry,—as th[illegible] gentleman is the chairman of the Committee, and thoroughly understands, not only the evidence which ought to be elicited, but the mode in which the various facts should be distributed and arranged,—and as he has incurred this heavy responsibility (leaving his known zeal and activity out of the question), it will be readily inferred that he will be the first in the camp; and practitioners, who may have *important* matters to communicate, cannot serve the cause more effectually than by forwarding the intelligence they may collect to that gentleman.

It should be recollected, however, that

the investigation has been sought for on important public grounds, and for the accomplishment of two great objects,—the cultivation of the science of medicine, and the preservation of the public health: hence it follows, that as party spirit will not be allowed to obstruct the course of such an inquiry, so will all accounts of petty contentions and personal squabbles, springing out of the jealousy of rival practitioners, be sedulously and necessarily excluded from forming any portion of the evidence recorded on subjects of such acknowledged national interest.

INTERCEPTED LETTERS.

ADVICE TO A YOUNG LONDON PHYSICIAN. [LETTER IV.]

"VERY DEAR YOUNG FRIEND,—
ss of Parliament having now
and a great deal of my time
rily occupied at the Conser-
esides the circumstance of
l of families in town, some
t look sharply after, pre-
having much time to write
ish to be a useful friend
, in the language of sin-
uth, and with those high
s I have always cherished, to
hat line of conduct, which,
others, is most likely to secure
orldly success. In doing this, with
uch care as my time will allow, I cannot pretend to arrange my thoughts quite methodically, but I will endeavour to speak of everything that is essential. You may be struck with some discrepancy which seems apparent between the advice I give to you and the remarks I offered lately, when I was compelled, from the very high position I hold (being at the head of the profession), to make known my sentiments publicly on the 'Education and Conduct of a Physician.' The public have no business to know a man's private sentiments any more than the manner in which he discharges his family duties; and I contend that a man ought to act in public life from his conviction of expediency. Was not this the maxim of the great, the gallant, and the virtuous Duke of Wellington, when he passed the Catholic Emancipation Bill? And when one reads the speech of his Majesty, who is the man that conceives it to be a mirror of our gracious Sovereign's private sentiments? Such speeches are made for a specific purpose; so are my orations.

"Let me begin this letter by remarking that the site of your *house*, and its appearance, both outside and inside, are each of consequence. The parish of St. George, Hanover-square, I would recommend; the brass-plate on your door ought to be engraven in such large letters, that your name can be read by those who pass through the street in carriages, or on the opposite side of the street. This is a cheap way of making your name known to the public before they know your person. Sir WILLIAM KNIGHTON considered this to be a point of so much consequence, that, during all the time he was studying in Edinburgh, and while he was in Spain attending the famous Moll Raphaels,—then the concubine of the noble MARQUIS, the brother of my noble friend the DUKE,—Sir WILLIAM made an agreement with a man in Hanover-street to keep the brass-plate on the door all that time.

"Your apartments ought to be neatly, but not gaudily furnished; and your consultation-room should denote, by the character, as well as by the multitude, of its books, your classical learning. It is a common trick with surgeons to have all kinds of instruments and odd machines and morbid preparations about the room, but you ought to have nothing more than a few drawings of *remarkable cases*, or some little chemical apparatus, or a mummy.

"It is a very general, and, I believe, a just opinion, that a physician is never considered worthy of his fee unless he comes in a *carriage*. The carriage and liveries ought to be of rich colours, so that all the world may soon know to whom it belongs. Keep perpetually driving about in it; and though the appearance of the horses matters not, yet it is of great consequence that they go quickly, or at least *appear* to go quickly. Nothing looks so like business as the coach being well bespattered, and the horses covered with perspiration. You should seat yourself in it in a prominent attitude, and make it a rule to be employed *writing*. I always have mine filled with loose papers and notes, and have an ink-holder, with a large watch hanging before me, so that when I stop any one in the street to speak to me I look like a Cabinet Minister, that is to say—*fully employed*.

"Have the carriage out the whole day, whether you are in it or not; and though it would not become a fashionable lady's servants to do so, yet it shows the hurry and bustle of the master to see a doctor's servants supplying the wants of nature sitting together on the coach-box,—pro-

ing the medical and surgical practice of those institutions, and for the privilege of attending the lectures delivered in them.

15. The election of the medical officers of our chartered hospitals.

16. The qualifications demanded from candidates who claim to be admitted as Fellows of the Colleges of Physicians. The qualifications demanded from those who seek to become Licentiates of those institutions, and the legal rights of both Fellows and Licentiates.

17. The qualifications demanded from candidates for the diplomas of the Colleges of Surgeons, and the legal rights of Members of those Colleges.

18. The same with regard to the examinations before, and the privileges conferred by, the Companies of Apothecaries.

19. The fees paid at the foregoing institutions for diplomas and licenses, and the manner in which the funds collected therefrom are appropriated.

20. The system of medical apprenticeships.

21. The exemption of chemists and druggists from the operation of medical law, and their right to dispense prescriptions without undergoing an examination before a competent tribunal.

22. The actual amount of wealth in the possession of each of the chartered medical institutions.

23. The qualifications demanded from candidates for medical diplomas at the various universities, including term-residence, the amount of fees paid to professors, and whether evidence of an extra-university education will entitle the claimant to receive the degree of "doctorate."

24. The appointments of professors and teachers in all our public medical institutions. The appointment of Courts of Examiners, and the system of election established, whether by charter or custom, in our various medical corporations.

Extensive as is this list, it does not reach the boundaries of the field of inquiry. It would appear as though it were almost impossible to go through such an investigation as is here contemplated, in the comparatively brief space of time which must be allotted to it in the House of Commons. *Comparatively*, we say, because it may seem to persons who are ignorant of the advantage to be gained by a strict adherence to method, and by selecting the witnesses with judgment, that a scrutiny into so many subjects, would require years for its completion. But it will be found that one or two competent witnesses from each institution will be sufficient to furnish the requisite information.

On examining the subjects just detailed, medical practitioners will at once discover in what manner they have it in their power to facilitate and render more perfect the analysis which is about to be instituted under the Committee of Mr. WARBURTON's recommendation. Every actual abuse which can be traced to a violation of medical law,—every public or private calamity which owes its origin to the ill-construction of medical law,—should be represented to Mr. WARBURTON, or to some other active member of the Committee. But as Mr. WARBURTON has undertaken to conduct the inquiry,—as that gentleman is the chairman of the Committee, and thoroughly understands, not only the evidence which ought to be elicited, but the mode in which the various facts should be distributed and arranged,—and as he has incurred this heavy responsibility (leaving his known zeal and activity out of the question), it will be readily inferred that he will be the first in the camp; and practitioners, who may have *important* matters to communicate, cannot serve the cause more effectually than by forwarding the intelligence they may collect to that gentleman.

It should be recollected, however, that

the investigation has been sought for on important public grounds, and for the accomplishment of two great objects,—the cultivation of the science of medicine, and the preservation of the public health: hence it follows, that as party spirit will not be allowed to obstruct the course of such an inquiry, so will all accounts of petty contentions and personal squabbles, springing out of the jealousy of rival practitioners, be sedulously and necessarily excluded from forming any portion of the evidence recorded on subjects of such acknowledged national interest.

INTERCEPTED LETTERS.

[ADVICE TO A YOUNG LONDON PHYSICIAN. LETTER IV.]

"My very dear Young Friend,—The business of Parliament having now commenced, and a great deal of my time being necessarily occupied at the Conservative Club, besides the circumstance of the daily arrival of families in town, some of which I must look sharply after, prevent me from having much time to write to you. As I wish to be a useful friend to you, I desire, in the language of sincerity and truth, and with those high moral feelings I have always cherished, to point out that line of conduct, which, above all others, is most likely to secure your worldly success. In doing this, with as much care as my time will allow, I cannot pretend to arrange my thoughts quite methodically, but I will endeavour to speak of everything that is essential. You may be struck with some discrepancy which seems apparent between the advice I give to you and the remarks I offered lately, when I was compelled, from the very high position I hold (being at the head of the profession), to make known my sentiments publicly on the 'Education and Conduct of a Physician.' The public have no business to know a man's private sentiments any more than the manner in which he discharges his family duties; and I contend that a man ought to act in public life from his conviction of expediency. Was not this the maxim of the great, the gallant, and the virtuous Duke of Wellington, when he passed the Catholic Emancipation Bill? And when one reads the speech of his Majesty, who is the man that conceives it to be a mirror of our gracious Sovereign's private sentiments? Such speeches are made for a specific purpose; so are my orations.

"Let me begin this letter by remarking that the site of your *house*, and its appearance, both outside and inside, are each of consequence. The parish of St. George, Hanover-square, I would recommend; the brass-plate on your door ought to be engraven in such large letters, that your name can be read by those who pass through the street in carriages, or on the opposite side of the street. This is a cheap way of making your name known to the public before they know your person. Sir William Knighton considered this to be a point of so much consequence, that, during all the time he was studying in Edinburgh, and while he was in Spain attending the famous Moll Raphaels,—then the concubine of the noble Marquis, the brother of my noble friend the Duke,—Sir William made an agreement with a man in Hanover-street to keep the brass-plate on the door all that time.

"Your apartments ought to be neatly, but not gaudily furnished; and your consultation-room should denote, by the character, as well as by the multitude, of its books, your classical learning. It is a common trick with surgeons to have all kinds of instruments and odd machines and morbid preparations about the room, but you ought to have nothing more than a few drawings of *remarkable cases*, or some little chemical apparatus, or a mummy.

"It is a very general, and, I believe, a just opinion, that a physician is never considered worthy of his fee unless he comes in a *carriage*. The carriage and liveries ought to be of rich colours, so that all the world may soon know to whom it belongs. Keep perpetually driving about in it; and though the appearance of the horses matters not, yet it is of great consequence that they go quickly, or at least *appear* to go quickly. Nothing looks so like business as the coach being well bespattered, and the horses covered with perspiration. You should seat yourself in it in a prominent attitude, and make it a rule to be employed *writing*. I always have mine filled with loose papers and notes, and have an ink-holder, with a large watch hanging before me, so that when I stop any one in the street to speak to me I look like a Cabinet Minister, that is to say—*fully employed*.

"Have the carriage out the whole day, whether you are in it or not; and though it would not become a fashionable lady's servants to do so, yet it shows the hurry and bustle of the master to see a doctor's servants supplying the wants of nature sitting together on the coach-box,—pro-

curing their regalements at an adjoining tap. The late Mr. HEAVISIDE always contended that his cream-coloured carriage, picked out with sky-blue, and a pair of gray horses, hooked many a patient for him, as everybody knew the vehicle, it was so conspicuous.

"When you can manage it, let your carriage stand as often and as long as possible at the doors of distinguished characters, such as Bishops, and men in power,—men filling the high offices of state.

"Be strict in your *religious duties*, and go regularly to the established church. It is quite legitimate to attend the *evening* service, your professional duties being supposed to occupy the morning hours. It answers a good purpose to have a note or message sent to you during divine service, but this must not be done too often, or you will be blown, as the vulgar saying is. Some medical men have family worship morning and evening. This recommended the late JOHN PEARSON, I have often heard say, to many of his best patients. Mr. BRODIE has imitated his example with great advantage, and I understand Sir ASTLEY COOPER'S habits are most exemplary.

"You ought to invite to your house all Practitioners, particularly top Apothecaries, who are in any way disposed to recommend you a patient—giving them often a good substantial *feed*, with plenty of the juice of the grape. I have heard my dear friend BRODIE say, that nothing remunerated him better than the outlay for dinners to a dozen of the subordinates twice a week regularly for many years. He calculated that the entertainments did not cost him more than five shillings a-head each time. My dinners cost a great deal more, but then the style is very superior, which is not so essential in such a case as yours.

"*Dress* ought to be a matter of some consideration with you, and that too, as well as other things, has been revolutionizing in my day. At one period it was absolutely necessary for a London Physician to look as like a clergyman as possible; but there are few who are silly enough now to adopt any peculiarity of dress. I have frequently hinted to Dr. SEYMOUR what'a grotesque appearance he cuts with his black breeches and stockings and silver knee-buckles—the costume only of a head waiter at an hotel; and I am also annoyed with that able chemist Doctor PROUT'S harlequin appearance. You can fancy nothing more ridiculous than this learned man parading the street with his black shorts, silver knee-buckles, silk stockings, and a sky-blue coat, of an anomalous pattern, of which he is so vain, that I am told he absolutely gets a tailor in Devonshire, whom he used to employ when he was a schoolmaster, to make it for him. Well might it be said, my dear friend, 'that all is vanity and vexation of spirit.'

"You will find, during the summer and autumn months, that most of the very few patients you can expect to have in your early practice, leave town, and many young London physicians have been in the habit, during those slack seasons, of residing at a *watering-place*. Perhaps you could not do better at similar periods. My venerable old friend, the late Dr. BAILLIE, used to try to dissuade our Fellows from going to watering-places, observing that it was like the habits of hairdressers, milliners, and play-actors; but it has answered the purpose of some well. Sir MATTHEW TIERNEY owed his entire success to practising in Brighton as well as in London, and his history shows you how duly merit is rewarded in this country. I will tell you a few particulars of his life for your encouragement. He and his brother kept a little grocer's shop in Cork; but MATTHEW getting cloyed with the sweets of life (excuse a pun), got appointed surgeon to a slave-ship, for which neither education nor 'certificates' were wanted. After earning a few pounds, he retired from *the service*, and obtained the situation of surgeon's mate to a militia regiment, which, in those days, required no more knowledge than the surgeoncy of a slave-ship. Fortune took the regiment, and MATTHEW with it, to Brighton, where my late beloved friend, GEORGE the FOURTH, now an angel in heaven, but then Prince of Wales, used to spend a great deal of his time, and played many of his pranks, as KNIGHTON called them. MATTHEW soon became acquainted with his countryman, Sir BENJAMIN BLOOMFIELD, who contrived an opportunity for MATTHEW to practise on certain ladies connected with the royal establishment, and thus got him introduced to the Prince, who ever after availed himself of his valuable services in the same line of business, besides some others. When MATTHEW thought he saw the road clear and well macadamised, he, by a *grande coup*, quitted his career of military glory, purchased a Scotch degree, nabbed a rich wife, and got a respectable house in London and rooms in the Palace at Brighton; where his attentions were so devoted, and of such a delicate kind, to the Marchioness of CUNINGHAM, that my dear friend the King consented to his repeated solicitations, and made him a Baronet of the Empire. His attendance on the King's *domestic* circle at Brighton at once recommended him to a mass of

patients; and Sir MATTHEW very meritoriously took advantage of his intimacy with all the inmates of the Pavilion, talked out of it as became a confidential man, and soon ranked as a person of immense importance amongst the Brightonians.

"Besides his great professional knowledge, Sir MATTHEW had the happy talent, when the *London* season was *near a close*, to convince many of his patients of the advantage they would derive from *change of air*; and then, above all, recommended *sea* air to them. On the other hand, when the *Brighton* season was near a close, and the worthy baronet was about to *return to London* in the spring, he was equally successful in impressing on his patients the unwholesome effects of a spring at *Brighton*, and the salutary influence of a *London* atmosphere at that period of the year.

"If you go to any of the watering-places, you must make yourself intimately acquainted with the properties of the *mineral waters*, and all about baths and bathing, such as shower baths, and vapour baths, and hot baths, and cold baths, sulphur baths, mercurial baths, foot baths, and slip baths. An intimate knowledge of all these is essential for the watering-place practice, as you will seldom find an opportunity there of writing prescriptions. Most patients who go to watering-places are sick of the whole system which has been practised upon them inland, having generally had *all* the changes rung upon them over and over again.

"It has been very common for watering-place M. D.'s to publish *a book* giving an analysis of the waters, and narrating all their wonderful effects, illustrated with miraculous cases; but a friend of mine found the greatest advantage—and a most economical system of advertising it was—to have a tea-kettle of the water every day, and all day long, boiling on the drawing-room fire. Visitors never failed to inquire the reason of this, so his dear wife—and an excellent creature she was—was always prepared with a ready answer;—'The doctor,' she said, 'was analysing the waters.'

"For the present adieu.

"——— ———

"London, Feb. 5th, 1834."

[THE DOINGS IN CONDUIT-STREET.]

"DEAR MR. BRODIE.—Confer without delay with some of the leading members of your College, on that very grave matter, the conduct of Sir ASTLEY, which, though I have long been acquainted with it, I lament to see has found its way into the pages of the inconvenient journal. I desire you will lose no time in calling a meeting of the Council of the College of Surgeons, and I particularly desire that you will summon Sir ASTLEY himself, who, being a candid and single-hearted man, will, I have no doubt, give a distinct and explicit answer to any questions which may be put to him, in order that the Council may decide on the best mode of explaining to the public, events, which have led to the Baronet's present distressing situation. They must also frame some new law to ensure the proper conduct of your members in future. It is of great consequence that this investigation, and any new legislative enactment, should be completed previous to the aggregate meeting of medical reformers, in order that there may be no opportunity of yet further exposing to the public the Baronet's case, as a proof of the necessity of a radical reform in a corporation, one of whose chief men can do such things as these. Think, my dear Mr. BRODIE, of the public censure on one who has been the most successful living candidate for professional emolment, and who has profited so enormously by the high price to which medical education has been forced in our London schools.

"I am informed from the highest authority—nay, authority which *cannot* be contradicted—that Sir ASTLEY, so far back as the time of his brilliant career in Spring Gardens, and when he absolutely coined money by the bushel, employed the very same individual at once as his *footman* in the house, as his *assistant* at operations and dissections, and in dressing patients. Money was easily made in those days, and there was so much of it floating about, that patients were *liberal* to their medical attendants, particularly when those patients were the subjects of any good and great operation. Sir ASTLEY very properly took advantage of this public feeling, and his kind-heartedness pointed out to him several channels by which his confidant CHARLES, whom I well recollect behind his carriage, who had served him long and faithfully, might benefit himself, and make large sums of money in an easy and quiet way. I believe that all our servants take care to let patients, who call to consult us at our own houses, know that they can get at once into our consulting-room by a silver key; or as Sir ASTLEY, in his good-humoured way used to call it,—by 'palm oil.' CHARLES, by nice manœuvring, and having Sir ASTLEY's patients in waiting in a number of different apart-

ments, managed to make every one of them believe that *he* was the next in rotation to see "Master," so that the *oil* CHARLES received in this manner Sir ASTLEY used to calculate amounted to *several pounds a week*! But by far the most lucrative situation which Sir ASTLEY contrived for CHARLES was, his getting a house in the immediate vicinity of Spring Gardens, which he converted into a kind of *hotel* or *Maison de Sante*, where all Sir ASTLEY's patients were boarded at a good round price,— all those I mean who came from the country, more particularly those on whom the Baronet was to perform some operation. Now CHARLES not only assisted him at the operations, but had the chief care of his patients afterwards, and was, in fact, the regular dresser. This line of business paid well, for, besides the usual charges of board and lodging, Charles got many very handsome presents. Now it is no less a man than CHARLES's second born who acts in Conduit Street as the assistant and deputy of Sir ASTLEY COOPER!

"My own opinion decidedly is, that the Council of your honourable College for the support of all the practices of which I know no more strenuous advocate than yourself, dear Mr. B., should endeavour, before any public inquiry takes place, to contrive the institution of some body of laws for the better regulation of its councillors, as regards their duties towards each other as well as towards the public. If you do not manage this quickly among yourselves, any of your members who is guilty of professional misdemeanour and infringement of our honourable laws, may be summoned before a tribunal of the commonalty of the College. It may come to this at last. These medical ministers may so order it, just as military men are judged of in their anti-military conduct by a military tribunal. Such things as these have crossed the minds of our legislators. Thus, for example, it was the intention of my dear friend the Duke of WELLINGTON (than whom no man ever showed more legislative wisdom), had the country continued to be blest with his pre-eminent services as a statesman, to have brought in a Bill to confer on a tribunal of clergymen, power to legislate on the numerous cases of misdemeanour of that sacred body. Lose no time, then, in getting the Council of your College to hold a meeting on the subject of Sir ASTLEY's proceedings, and believe me ever faithfully yours,

"——— ———

"London, Feb. 9th, 1834."

THE CULPRIT MACLEOD.

To the Editor of THE LANCET.

SIR,—Another word on the subject of my communication with Dr. Macleod, and I hope this unpleasant business will have an end.

I parted from that gentleman in the street, and coming fresh from my interview with him, I may have given expression, in words, to what I conceived were his feelings at the moment of our conversation. At the same time I must declare I had no intention wilfully to mislead you, or injure Dr. Macleod. I am, Sir, your obedient servant,

Feb. 10, 1834. J. H. TUCKER.

*** This is the candid acknowledgment of an honourable man. Our experience of the upright conduct of Mr. TUCKER assured us from the first, that the acts of that gentleman were influenced by the purest motives towards all parties.—ED. L.

DOINGS IN CONDUIT-STREET.

To the Editor of THE LANCET.

SIR,—By inserting the following note you will oblige, yours, &c.

A. BALDERSON.

Although, perhaps, my most prudent plan would be to take no notice of the repeated anonymous attacks made on my character, yet I feel compelled to make the following remarks.

It is true I am the son of Mr. Balderson, who formerly lived with Sir Astley Cooper, and who now occupies a farm in Hertfordshire. It is equally true that, at the age of sixteen, I was placed as an articled student with Mr. Wray, who is a surgeon in Salisbury-square, Fleet-street, with whom I remained five years. I then attended the Lectures at Guy's Hospital, and became a Licentiate of the Apothecaries Company.

I settled as a medical man in Poland-street, Oxford-street, where I have lived five years, and supported, I hope, a respectable character.

I have occasionally been an assistant to Sir Astley Cooper in his professional practice.

I never intentionally deprived a brother practitioner of a patient, and had Sir A. C.'s strict injunctions never to do so.

I have still to learn the crime of my father having been in a humbler sphere of life than he is at present; and am

yet ignorant that Dr. Hunter, Mr. John Hunter, and many others I could name, were less estimable in their profession because their parents had not been placed in the highest ranks of society.

Feb. 11th, 1834.

*** In giving insertion to the foregoing statement, it is necessary we should remind Mr. BALDERSON that he has not answered, much less refuted, the statements of our correspondents. Mr. BALDERSON alleges that he has "never *intentionally* deprived a brother practitioner of a patient." Does he act then without motives? Does he visit and prescribe for the patients who attend in Conduit-street for the purpose of receiving the gratuitous assistance of the worthy baronet, in his sleep? Is he a somnambulist? The charge against Mr. BALDERSON is this,—That he has attended, at their own houses, patients who have called in Conduit-street to obtain the advice of Sir ASTLEY COOPER. Further; the accusation does not rest on anonymous testimony. Respecting this charge, Mr. A. BALDERSON is silent; and few, we believe, will be disposed to question his discretion. The "injunction" of Sir ASTLEY was what we should have expected from the worthy baronet, and we trust that the "assistant" will, in future, conform, with strict obedience, to the commands of his patron.

Mr. A. BALDERSON is mistaken, if he imagines that it was the intention of any one of our correspondents to throw discredit on him because his father happened to hold an humble situation in the house of Sir ASTLEY COOPER. Had that been their object, the despicable, malevolent, feeling should not have obtained its accomplishment in the pages of this journal. Mr. BALDERSON, sen., although a servant, was respected by all who had an opportunity of witnessing his strict, undeviating, fidelity to the interests of his kind employer. Besides, it is greatly to the credit of Mr. BALDERSON, sen., that he holds his present position in society, and certainly not less honourable to him that he afforded his son such an education as would admit of his becoming a legally-qualified member of the profession. If Mr. A. BALDERSON be desirous of sharing any portion of that respect which is so generally bestowed on his parent, he must not, either intentionally or untentionally, interfere, in an *unprofessional* manner, with those patients who may apply to Sir ASTLEY COOPER for the purpose of deriving benefit from the exercise of the skill of that justly renowned surgeon.—ED. L.

SELF-SUPPORTING INSTITUTION,

FOR THE SICK AND HURT POOR AT LYNN.

To the Editor of THE LANCET.

SIR,—We need not use any argument to convince you of the necessity of reform in most of our eleemosynary medical establishments; and we doubt not but you will be pleased to learn that we have established a Self-supporting Institution, for the benefit of the Sick and Hurt, among the working-classes of this town.

The Self-supporting Dispensaries now in operation in the west of England appear to have done much good; and we have endeavoured to improve, in some respects, upon the system adopted in that part of the country: but we have *no dispensary*, for every patient takes his card to the surgeon of his choice. This is a most important feature in our plan, the advantage of which must come home to the breast of every one in the day of sickness. And when it is considered that the attendance which, under the old dispensary system, was given to the poor, by *one young man*, may now be divided amongst all the experienced practitioners of a town, the great superiority of this system will be strikingly manifested.

We have no distinction of classes: every individual comes to us as a free member. A few donations have been admitted, to assist in our outfit; but the institution is strictly self-supporting; and no donations can, on any account, be appropriated to the use of the medical gentlemen.

At the end of every year *the subscribed funds* are to be divided amongst the members of the board, in proportion to the number of cards held by each practitioner, without any reference to the length of time that any patient may have been under treatment.

The code of by-laws for the guidance of the members of our board, shall be at the service of any of our professional brethren who may be desirous of establishing an institution upon this plan. If you can find room for this letter, and our Rules and Regulations, in your valuable peri-

odical, you will probably render an important service to many towns throughout the kingdom, where the population is sufficient to give the plan full effect.

Our books have only been open five Mondays, and we have enrolled 1428 subscribers. In general they express themselves grateful for the trouble we have taken to serve them; and we doubt not but the Institution will be of great benefit, not only to the working and poorer classes, but to the town at large, by bringing about a better state of feeling, and by very materially reducing the burden of the poor-rate.

We remain, Sir,
Your obedient servants,
JOHN TWEEDALE, M.D.,
President.
J. W. CHADWICK, M.R.C.S.,
Vice-President of the Lynn Self-supporting Institution for the Sick and Hurt.

Lynn, 3rd Feb. 1834.

*** This is, literally, a self-supporting institution; and, consequently, is what the dispensary of Mr. Smith, of Southam, is not. If the poor-laws demand an adjunct, this contrivance of the practitioners of Lynn is, possibly, the best that can be devised. It may do much for the sick; but obviously can only bring increased anxiety and trouble, unrewarded, on the practitioner. Hence the unalloyed benevolence of the scheme.

THE BROMPTON AND CHELSEA DISPENSARY.—THE WHOLE DISPENSARY SYSTEM.

To the Editor of THE LANCET.

SIR,—You were not quite correctly informed on the subject of the *Brompton and Chelsea Dispensary*; I take the liberty, therefore, of correcting the statement made in THE LANCET of last week. It is quite true that Dr. Veitch, from the ungentlemanly treatment he met with at the Dispensary, resigned; and to the advertisement in the newspapers not even an OSWALD WOOD nor a YATES, though both living in the immediate neighbourhood of the thing called a "Dispensary," appeared as a candidate. And why? The rules of the "Dispensary" require that the candidate, to be eligible, shall be either a member or a licentiate of the College of Physicians. I have examined the College list, and I can find neither a WOOD nor a YATES,—so you perceive the latter is quite eligible to succeed such men as Drs. Clutterbuck and Birkbeck, but will not do for such a concern as this Brompton and Chelsea "Dispensary." When will the farce of getting up institutions, avowedly for the benefit of the poor, but really to enable the rich to get physic gratis for their domestics, be put an end to? Here are two parish surgeons for Chelsea, residing in the same street, and within five minutes walk of this Dispensary; and who, as parish surgeons, have had but little to do the past year; and one in Brompton; with St. George's Hospital so near that a great number of the paupers invariably attend there; and, forsooth, this Dispensary is supported by a few (I will give you their names in my next) pseudo-philanthropists,—men who are too proud to let it be said that their menials were attended at the hospital, or at the expense of the parish, but who are mean enough to permit the physician or surgeon of the Dispensary to visit them at their own residences; and are not backward in complaining, if the physician—that unpaid servant—do not call as often as they think the nature of the case requires. Was not this the reason why Dr. Veitch, a high-spirited officer, and one not to be told his duty by *the menial of a titled lady*, gave up the Dispensary in disgust? Why, too, has that excellent man and talented accoucheur, Mr. Cumming, resigned his office of consulting-midwife to the Infirmary? I take it that he saw through the humbug of this "charity," and determined no longer to be gulled out of his annual subscription, his time, and his talents, at the persuasion of the saints of Henry Blunt's followers, and seeing the public were viewing the affair pretty much after his own fashion, got out of it before he disgraced himself by being the only honourable man left in the institution. In my own opinion, Mr. Cumming felt ashamed that his name should be made use of to prop up a perfectly useless establishment, and beneficial to none but those *very honourable men* who could feel disgraced at being told that their servants were attended at the parish expense, but who have no compunctious feelings against obtaining advice at the expense of those well-intentioned individuals who have been gulled by them to subscribe to such an establishment. The only remedy for this crying evil is, to punish the disgrace of being attached to *useless* Dispensaries, by sending such medical gentlemen to Coventry.

The office of physician is filled by a gentleman of too high feeling—a man too well versed in the trickery of such "charitable" institutions, to remain long attached to it. Doctor Boyton, than whom a more sound practitioner, or one more

alive to the interests of the profession, does not live, has consented, at the urgent request of some of his friends, to accept the office of physician, and try how the thing goes on for a short time.

I must now take leave of the Dispensary for the present, and, in committing it to your hands, I take the evidence of your past conduct—the deeds you have already performed for the profession—as guarantees for the conduct you may pursue on the subject of the present letter.

Wishing that you may long live to enjoy the enviable distinction of having done more for the real interests of the general practitioner—more for the science of surgery and medicine—and conferred on the diseased paupers in our hospitals infinitely more benefit than all the Colleges of Physicians and Surgeons united,—I remain, Mr. Editor, one of your great admirers,

A Chelsean.

Feb. 12th, 1834,

HOPITAL DES ENFANS MALADES, PARIS.

GENUINE TYPHUS IN A BOY.

It is not often that we meet with a case of genuine typhus fever in the young subject, at least in private practice; but in the Hôpital des Enfans Malades, where a great number of children are collected together, we have had occasion to see several well-marked cases of the disease; indeed when one patient becomes affected, it spreads rapidly in the ward, presenting all the characters which distinguish the affection in the adult. The following case may be selected as exhibiting a good example of the disease, and the treatment followed by the French physicians.

— Redier, a boy 12 years of age, looking strong, and generally enjoying excellent health, was received into the hospital on the 21st of August, 1833. He had been attacked a few days ago with headach, restlessness, lassitude, and some inclination to vomit, and general fever. On the visit of the 22nd we found the patient in the following state;—the face was rather flushed than pale; the skin excessively hot; the pulse weak but quick, beating 120; the respiration was not accelerated or frequent; the tongue was white and dry, without any redness at the edges, the mouth was also dry, and the lips foul. The patient lies in bed with his legs drawn up, and complains of pain in the head, and great tenderness in the abdomen, which is a little swelled; these symptoms are attended with diarrhœa; he is very thirsty, and was delirious during the night; no cough. *Oxymel;* poultice, and six leeches to the abdomen.

23. The skin burning hot to-day; the pulse small and 130, in the evening it beat 136; the tongue is white and moist; the abdomen still remains tender, but he passed no stool last night; the eyes are bright without being injected, and the headach persists; the respiration is tranquil; the patient was delirious during the night, and the colour of the face has given place to a dirty-brown tint. *Oxymel;* affusion to be administered twice during the day for three minutes at 18° Reaum.

25. The face is again flushed to-day, and there has been a good deal of delirium at night, with headach; the belly is tender and tympanitic; tongue very dry and dirty; pulse small and 130; the child, however, is not very feeble, for he gets out of bed to stool; had two during the night; six leeches have been applied to the abdomen. *Gum-draught*; half lavement of starch; affusion for four minutes at 18° Reaum.

26. The child passed a more tranquil night, and was less delirious; but he does not seem to answer so clearly as before; the skin is not very hot; the pulse 130 and small; no cough or diarrhœa. *Decoct. Malvæ*; tepid-bath for a quarter of an hour, with cold affusion to the head while in the bath.

28. The skin is no longer warm nor the face flushed; there is no delirium at night, but the patient lies in a stupid state of semi-somnolescence; the abdomen still remains painful, and the leech-bites have assumed a bad aspect; the tongue is dry, covered with a brown crust, as well as the teeth; the patient is thirsty and drinks without any difficulty; he passed three liquid stools during the night; the pulse in the evening was 140; now 130, and small. *Decoct. Malv.*; half laxative draught; poultice to the abdomen; bath and affusion as before.

29. The face is a little flushed this morning, and the skin warm; pulse small, quick, 125; the tongue foul, white, and there is some dark crust on the teeth; the strength of the child still keeps up; he passed one large, fluid, not ill-conditioned stool during the night. Contin. remed.: bath and affusion at 16° Reaum.

30. The face pale, and presents a dirty dull aspect; skin dry, but not very warm; the state of the tongue and mouth is much fouler than yesterday; the belly is tender but no longer swollen; the leech-bites are nearly well; no diarrhœa; there is a little

delirium at night; the child talks, and endeavours to get out of bed; pulse small, 128. Contin. remed.

31. The tongue is fouler to-day, but the skin less hot; there was also less delirium last night; the patient had four stools, caused by the draught; the pulse in the evening was 130, now 120. Discontinue lax. draught; gum draught, bath, and affusion for five minutes as before; starch lavement.

Sept. 1. The child is evidently much weaker to-day, and is depressed; the skin is not very warm; pulse 130; some little cough; passed one brown fluid stool; no muttering or delirium at night. Contin. remed.

2. Is weak and low; no delirium during night; passed four stools and one worm; the child lies in a stupid state, and does not answer until roused; the mouth and tongue are excessively foul; the face is a little flushed, but there is no headach; the lower part of the abdomen is still painful to the touch; pulse small and quick, in the evening was 160; now 135. *Decoct. Mal.*; cataplasm to belly; half lavement of starch.

3. Lies in the same stupid state, and seems more feeble; the skin not very warm, dry; pulse weak, 120; mouth and tongue still excessively foul; the abdomen always remains painful; has now become tympanitic; the right arm is contracted at the elbow-joint, and the muscles are hard and stiff. Cont. remed.

4. The cough before noticed persists; the skin continues a little warm; tongue and teeth very foul; arm remains stiff and contracted; there is no delirium at night, and the abdomen is less tender; the child does not appear weaker; he passed one small brown liquid stool. *Gum draught*; cataplasm to belly; emollient clyster.

6. The skin is warm to-day, and the face a little flushed; the eyes look dull, and are not injected; no headach or delirium; the pulse 130, small, and hard; respiration tranquil; the tongue is still very foul, but not so brown; the abdomen still tender; patient passed one small stool of brown scybalæ; both arms are contracted to-day, and the biceps runs across the fold of the elbow-joint like a hard cord; the patient is very stupid, and has lost the power of uttering distinct sounds. *Gum draught*; half lavement; catap. to abdomen.

8. The patient lies in an excessive state of prostration; does not speak to any one, and did not recognise his father yesterday; the tongue has become a little moist, and the belly is no longer painful to the touch; face not flushed, rather pale; no delirium at night, but is always moaning; passed two liquid stools; the pulse in the evening was 140; now 114; he does not cough much; on auscultation we find a râle subcrepitant on both sides of the chest behind. Half lavement; catap. to belly.

10. The child appears to be sinking fast; the extremities are quite cold; he still keeps the superior extremities flexed, but they may be extended, though very stiff; he is tranquil during the day, but much agitated and delirious during the night; the moist cough persists; his countenance is exceedingly altered for the worse, and the upper lip has become infiltrated to a great extent; he preserves some degree of intelligence, drinking whenever he is bid, but does not speak; pulse 116. *Gum draught*; mustard catap. to the feet; half lavem. emol.

11. Extremities still cold, and now the skin of the body has lost its warmth; the face is pale; pulse small, and 120; no subsultus tendinum; for the last two days the stools have been passed involuntarily; the cough remains the same, is less moist; deglutition appears to be performed with difficulty; such was the state of the patient at the morning visit, but in half an hour afterwards some heat returned in the body, and the face became a little flushed. *Gum draught*; half lav. emol.; sinapism to the feet.

12. The patient has evidently rallied during the night; he is less stupid, and not so depressed; was not delirious, but moaned much; pulse small, 108; the arms are not so stiff, and he moves them a little now; skin cool, not cold, the infiltration of the upper lip has disappeared; coughs a good deal, and spits a thick viscid mucus in small quantity, mixed with a little blood. Contin. remed.; milk and water.

13. The skin has recovered a little warmth to-day; pulse small, 106; the patient is still unable to speak, but understands what is said to him, for he puts out his tongue when desired; it is moist and white; he had some delirium during the night, and endeavoured to get out of bed; the stools are no longer passed involuntarily; had one during the evening. Cont. remed.

14. No delirium at night; tongue is moist, white at the point, and brown at the base; lips are quite cleaned of the dirty crust which covered them; the child is much clearer in intelligence, and is now able to put his tongue well out; the skin is cool and dry; the pulse 112; he still coughs a good deal. Cont. remed.

16. The countenance of the patient is much improved; he is much stronger, can now get out of bed without assistance to go to stool, but discharges his urine involuntarily; the tongue is clean and moist;

the skin a little warm; pulse was 140 in the evening, now 120; no diarrhœa; he passed one solid brown stool; he continues the same as before, without any expectoration; the patient is still unable to speak or to hear. Contin. remed; one broth.

17 and 18. Same state; skin not feverish, but pulse very small, 125.

20. The patient's countenance is much improved; he slept well last night, and spoke to-day, though imperfectly, for the first time; pulse 96; skin quite cool and dry; tongue white and moist; he complains of pain over the precordial region, but we hear no râle upon auscultation. *Gum draught.*

21. The boy appears a little stronger to-day, though he had some diarrhœa yesterday. He complains of being hungry. The skin is cool, and the pulse 80; tranquil; tongue clean.

22. Is much better to-day, when we found him sitting up in bed, and able to speak more distinctly, though still very deaf; the tongue moist and quite clean; pulse small, 90; he coughs less than before; the chest was auscultated, and the respiration found quite sound. Contin. remedia.

24. To-day the right eye, which was yesterday a little red, is much inflamed, the eyelid is enormously swollen, and the ocular conjunctiva so much infiltrated that it forms a projecting ring round the cornea; the membrane is neither very red nor painful; no pus secreted; the skin is a little warmer than yesterday; pulse 96; abdomen supple and not tender, passed one stool; the powers of speech and perception seem still very limited.

Emulsion of gum; emollient clyster; 2 leeches to right temple.
Collyri.; *rose-water* 4 oz., with *acet. of lead*, 6 gr., and 10 m of *laudanum*.

26. The eyelid is still more swollen; the cornea is clear, but the conjunctiva greatly infiltrated; no pus as yet secreted; pulse 90, and somewhat irregular.

2 leeches to right temple; contin. collyr.

28. The patient coughed a good deal during the night; the eye remains in the same state, and is now painful; the cornea looks somewhat dull.

Emulsion of gum; 2 leeches to temple; collyr. emul.; mercurial ointment to be rubbed in round eyelid.

30. The state of the eye is much improved, and the eyelid is less swollen. General health remains the same.

October 1. To-day we found that the inflammation had attacked the left eye with equal severity, the eyelid being greatly swollen and the conjunctiva injected; the skin is very warm, and covered with perspiration; the pulse extremely small and 80. The patient had some diarrhœa yesterday, which has disappeared to-day. On examining the right eye, we found the cornea perforated, the ball of the eye sunk, and vision quite destroyed.

Gum emulsion; injection under eyelids; mercurial friction round eyelids.

2. The infiltration of the right eyelid has diminished, but that of left continues the same. The patient still coughs a great deal and has an access of fever night and morning. No diarrhœa. On examining the chest we find some râle crepitant on the left side behind. Pulse 96.

Syrup of gum, with oxid. antimon. 20 grs.; injections and friction as before.

3. The left eye improved; skin less feverish; pulse smaller, 95; no diarrhœa; the cough has become dry, but is as frequent as before.

Cont. remed. with 33 gr. of *antimony*.

4. The eyelids much less swollen, but eye is painful; the heat of skin much diminished; pulse small, 90; the cough continues the same; no stool; no pain of abdomen.

7. The dose of the white oxide has been carried to ʒi; the skin is now quite cool; no fever; the cough is diminished.
Contin. remed.

It is now unnecessary to continue a daily report. From this period the symptoms of the affections of the chest gradually disappeared, and it was found unnecessary to continue the white oxide beyond the 11th. The patient recovered strength gradually, though very slowly, and was in a state of convalescence on the 20th of October. In this case the white oxide of antimony was applied with a happy result to combat pneumonia occurring in a subject so reduced by previous disease, that bloodletting or any other active measure was quite inadmissible. We have witnessed several similar cases, and shall shortly report some of the most remarkable, with their results.

ALLEGED NEGLECT OF A LECTURER AT GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—As you have always proved yourself the friend of the Medical Student, I beg leave to call your attention to the manner in which one of our Lecturers performs his duty—I mean Mr. Aikin. This gentleman does not illustrate his Second Course of Lectures by any experiments, resting satisfied with having "fully exemplified them in *the first*." Now, as I have just entered to the hospital as a pupil, this proceeding is highly injurious to me; and I hope you will be so good as to give this a corner in your very valuable journal, hoping it will have a good effect.—I am, Sir, your obedient humble servant.

Guy's Hospital, Feb. 7th, 1834.

POST-MORTEM INCISIONS.—(*From a Correspondent.*)—An instrument for sewing up the abdomen, &c. after *post-mortem* examinations, has been lately invented by Captain Bagnall. It seems well adapted for the purpose, and by its use the accident of pricking the finger, which is so often of serious consequence, cannot possibly happen. It has obtained the approbation of the *Society of Arts*, and is, we believe, in use at *St. George's Hospital*. It consists of a pair of forceps, one blade of which is a little longer than the other, and has a fissure running a little way down it from its extremity. Into this fissure, when the instrument is closed, is received a beak, which projects at right angles from the other blade. This beak is about two-thirds of an inch long, and is grooved on the side towards the extremity of the instrument. When in use the forceps is held in one hand, and a probe-pointed straight needle with a ligature in the other; the edge of the flap is seized by the instrument, and when its handles are closed, the beak of the one blade penetrates the skin, and enters the fissure of the other; the needle is now passed along the groove of the beak, and when the instrument is opened the needle is free. Probably with a little practice the anatomist may sew as neatly and quickly with this instrument as with the needle alone; and the danger from pricking must be quite obviated, as there is no sharp point in the apparatus. The instrument may be had from Thompson of Windmill-street.

BOYER.—(*From a Letter dated Paris, Jan. 20th.*)—"The venerable Baron Boyer, has joined Cuvier, Scarpa, and Portal, in that abode where sorrows cease! Boyer possessed great virtues. He rose from poverty. He is another example of the fruits of great perseverance, for he most certainly was not a man of genius. During his studies he was partly supported by a female friend, a young washerwoman, whom he afterwards married, and with whom he lived most happily. There were many admirable traits in his character. He was highly equitable in his conduct on all occasions, and a most honourable professor of surgery. Napoleon had the highest opinion of him, and had him to attend the empress on the birth of the King of Rome. Her confinement was unusually tedious, and Buonaparte observing a good deal of agitation in Boyer's manner, said to him, 'Do not allow yourself to be agitated, but suppose yourself on attendance on a bourgois and not on an empress.' What would Napoleon have thought of the head that directs the trembling hand of your oracle at St. George's, or the theatrical brandish of the scalpel with which the great 'Autocrat' of Guy's Hospital used in my day to astonish the assembled multitude?

"Baron Dupuytren is still in Italy. Monsieur Roux, by the regretted event, has arrived at the summit of practical glory!"

MR. HEMMING OF KIMBOLTON.

To the Editor of THE LANCET.

SIR,—In taking up THE LANCET of February 8th, I was surprised and amused to see my name denounced for no offence whatever. The malignity of the anonymous production betrays the source whence it emanated,—the pen of a neighbour, who is mad that another should presume to compete with him. My accuser has yet to learn how his character as a gentleman or a Christian will be raised, by his endeavour to excite religious persecution, by the concealment of his name in his slanderous imputations, or by his unceasing jealousy and rancour, whether in private or public.

As your constant reader *ab initio*, you will not expect that I was ever so enamoured with the Hall as to seek their license to practise when it was not needed. My having been in practice on or before August 1st, 1815, is as full and legal a qualification under the Act as the purchased certificate of the Company. Thanks to my accuser, who should have styled himself "a jealous practitioner and no licentiate," and to a worthy confederate-informer, *par nobile fratrum*, the Hall have examined into my qualifications, and are satisfied. My education is, after all, of more importance than my legal fitness. That cost little, if anything, short of £1500. Besides reaping the advantages and honours of a metropolitan school

of eminence, ten years of my life were employed in collegiate study,—five at Wymondley College, which was instituted by the celebrated Dr. Doddridge, and five at the University of Edinburgh; the last two of which were devoted to medicine and surgery: an education which I flatter myself will prevent my ever disgracing myself in the eyes of the public, or dreading comparison with my accuser. My library consists of, perhaps, some five or six hundred volumes of standard works beyond the scanty limits of his.

It is painful, though self-defence requires it, to speak of oneself, nor had I intended even to have addressed THE LANCET, except in detailing some cases and plans of treatment, which I think might prove not uninteresting to your readers; but these I must defer till I have more leisure. I am, Sir, yours with much respect,

JOHN HEMMING, A.M.,
Member of the Wernerian Society.

Kimbolton, February 10, 1834.

[After this manly, and, as it appears to us, perfectly satisfactory letter from Mr. HEMMING, no further imputation on the professional character of that gentleman can be admitted into our columns unless the accusation be *publicly* authenticated. —ED. L.]

CHEAP PRESCRIPTIONS AND DEAR MEDICINES.

To the Editor of THE LANCET.

SIR,—A gentleman residing in Percy-street, Rathbone place, affords *advice gratis*, but medicines for *cash*. He writes his numerous prescriptions for the poor in such a form as to be unintelligible to any but his own three or four apprentices. Do you wish to have his name? He was, I believe, formerly apothecary to the Middlesex Hospital. I am, Sir, your admirer,

M. R. C. S.

NOTE FROM MR. BUTLER.

To the Editor of THE LANCET.

SIR,—Permit me to correct an error in your report of my observations at the *Westminster Medical Society*, relative to the case of Hypertrophy of the Heart on Saturday week.

I stated that the organ weighed near four pounds, and not five or six, as mentioned in last week's LANCET. As I might be justly accused of exaggeration if this statement were to remain uncontradicted, I trust to your good feeling to insert this note, and thus oblige, Sir, your very obedient servant,

G. W. BUTLER.

February 10, 1834.

MR. COATES.—NOTE FROM MR. PARRY.

To the Editor of THE LANCET.

SIR,—Anonymous communications are always contemptible, even when written with the best possible intention; but when used for purposes of *private pique*, they are not only contemptible but cowardly.

In saying this, I allude to a paper inserted in your last week's journal, by a person styling himself "a Bartholomew Pupil." In this, after venting his spleen on Mr. Earle, the operating theatre, and the dressers in general, he concludes by making a personal, and, in my opinion, a most unjustifiable attack on Mr. Coates, one of the senior dressers of the hospital. The case is briefly as follows:—

On Feb. 1st, Mr. Vincent removed a fatty tumour from the posterior part of the neck, which, from its adhesion to the surrounding parts, required a somewhat tedious dissection before its complete detachment could be accomplished. Shortly after the commencement of the operation, there were cries as usual of "heads, heads!" and some one, standing over the door-way, mentioned the name of Mr. Coates, who immediately receded as far as his duty in attending on Mr. Vincent would permit. I was present during the whole time, and most assuredly did not hear any of the abusive expressions that person has thought fit to circulate, nor do I believe they were ever made use of. Fearing, however, lest some derangement of my acoustic nerve might be the cause of this, I mentioned the circumstance to several pupils, and unfortunately found them equally deaf with regard to all such impressions.

In conclusion, I cannot help hoping, that since the "Bartholomew Pupil" relies so much on the *correcting power* of THE LANCET, that its beneficial influence may be extended in putting an end to such ridiculous effusions in future. I am your obedient servant,

EDWD. PARRY.

NOTE FROM MR. SLADDEN.

To the Editor of THE LANCET.

SIR,—When an anonymous writer makes a communication to the world through the medium of a widely circulated periodical,—if he wish to escape the imputation of cowardice, or motives even more unworthy, he should be particularly careful how he makes use of the name of any individual; and since his incognito preserves him from *direct* castigation, common honesty should teach him to adhere strictly to the truth, while canvassing the opinions or motives of another. In THE LANCET of last week my name has been "taken in vain," by a person styling himself "A Bartholomew's Pupil." I have nothing to do with any part of his letter but that which refers to myself; and of that I must be allowed to say, that although I cannot pronounce it an absolute falsehood, it is, at least, extremely ambiguous, and *in no material respect* in accordance with truth. I hate an anonymous communication—it is mean and un-English. If your correspondent feel the grievances of which he complains, let him state them fairly and openly. That, however, is no affair of mine. All I have to request is, that you will insert this in the next number of THE LANCET; after which, I trust, "A Bartholomew Pupil" will have the candour to avow himself, *at least to me*, when I shall have great pleasure in setting him right upon a point which he has either misunderstood or wilfully misrepresented. I am, Sir, your obedient servant,

JOHN SLADDEN.

St. Bartholomew's Hospital, Feb. 9, 1834.

MR. COATES.—NOTE FROM MR. STEWART.

To the Editor of THE LANCET.

SIR,—In your journal for last week, I perceive an anonymous communication signed "A Bartholomew Pupil," complaining of the abuses in the operating theatre, in which an attack is made upon Mr. Coates, a dresser of Mr. Vincent, who is charged with having "obstinately persisted in standing in a situation which prevented at least twenty pupils from witnessing an operation performed by Mr. Vincent."

I beg leave to inform you that Mr. Coates was assisting in the operation alluded to, and that if he prevented any one from seeing it, he did so from necessity and not intentionally. As to the abusive epithets which your correspondent asserts were applied to Mr. Coates, they must have been "sotto voce" indeed, as they were audible to no one in the theatre; and I strongly suspect that your would-be witty correspondent must have invented them to

make a gentleman appear ridiculous, of whose attainments he is most probably jealous. I remain, Sir, your obedient servant, R. STEWART.

St. Bartholomew's Hospital, Feb. 11th, 1834.

OWEN REARDON.

To the Editor of THE LANCET.—SIR, I trust to your fairness to consider the following brief statement of facts. At the interview of January 4th, I indisputably asserted. First, that I had been a patient of the institution three months, and acted up to the letter and spirit of what was prescribed, but did not sustain the least *benefit*. Secondly, that I had two interviews with the governor, who recommended me, the first a fortnight before I was dismissed the institution, complaining of the conduct of Mr. Curtis on that day. The second time, after I was dismissed the institution, complaining of my disappointment and the undeserved conduct I experienced; the third and last interview was in consequence of his published statement that I had not complained to him against the institution, when he admitted that I did complain to him at the two interviews alluded to. It is unnecessary for me to point out the act of justice due to your obedient servant, OWEN REARDON.

February 12th, 1834.

N. B. This communication was accompanied by a note from another patient, testifying the accuracy of one of Owen Reardon's previous statements. The publication of the above is due to Owen Reardon, because it contains the correction of an error founded on a a statement inadvertently made by the clerk of Mr. Tucker.

NOISES DURING LECTURE.

To the Editor of THE LANCET.—SIR, Being aware of the influence of your journal over the minds of medical students in general, I am induced to resort to this means of checking a practice which has crept into the class of *Materia Medica* in this institution. I allude to the puerile and inconvenient custom which prevails with many of the students this session of disturbing the lecture by a species of uproar termed by them "clapping," to the very great annoyance of the more sober part of the audience. It is an injury to all parties, and the Professor has himself spoken of it repeatedly, in strong terms of disapprobation. I trust this notice will stop the evil, or I shall transmit names. I remain, Sir, yours, &c. A STUDENT OF THE UNIVERSITY.

Medical Library, London University,
February 12th.

CORRESPONDENTS.

An Apprentice.—There is no such "Bill" in existence. Whatever measure is proposed to the House, will, in all probability, be founded on the Report of the Committee of Inquiry, and that report must be founded on the evidence elicited before the Committee. Many months, therefore, may elapse before any Bill is introduced into Parliament, having for its object the reconstruction of the medical constitution.

We return our thanks to *Mr. Phelan* for his communications.

A Young Anatomist. — Purchase the plates now publishing by Taylor for Dr. Quain. The pictoral representations are generally excellent; the text is clear, the arrangement is good, and the parts already out give promise that the work when finished will prove a valuable and standard production.

A Reader of all the Journals.—We have observed their antics, but it was not exactly prudent to expose the mountebanks. Such men the *friends* of general practitioners! Why one of the party in question recommended, in print, about three years since, that "general practitioners" should not be allowed to consult in the same room with "physicians!" Once thoroughly exposed, this scribbler will never again be permitted to consult in the same room with "general practitioners."

Chirurgus.—The College of Surgeons has not the power to prevent unqualified persons from practising surgery, even in Lincoln's-inn-fields, much less any spot within ten miles of the metropolis. Our correspondent writes under some misapprehension of the powers of the charter.

Justitia may refer to the notice in this page attached to the signature of his friend the *Apprentice*. Let us hear no more of this INVENTION of the ENEMY, of whom *Justitia*, *An Apprentice*, and *A Surgeon with*, &c. are three agents. *Verbum sat.*

A Scotchman and a Subscriber. — Our correspondent attacked the mode of election. As that is not attempted to be justified, the reply seems to us irrelevant.

Mr. H., of C. N.—It is contrary to our custom to express our opinion before publication. The pamphlet shall be carefully read.

The sentence referred to in the letter of Mr. Thompson does not appear to us to be incorrect. The word "than" may be superfluous, but it is not erroneously inserted, nor are the existing stops. The reply shall appear.

Our reporter assures us, in reply to the letter of *Mr. Burke*, that his statements are strictly correct, and that proof thereof is ready. Consequently the letter and necessary rejoinder would occupy some pages of our Journal to no good purpose.

LONDON UNIVERSITY, Feb. 8th.—Sir, We sympathise with the students of St. Bartholomew's Hospital on the want of subjects. The complaint is general at all the schools. We ourselves have not had a fresh subject in for eight days together,—a scanty allowance for 220 pupils. A notice to the demonstrator will greatly oblige your constant readers, J. D., T. B., J. S., pupils.

THE fourth fasciculus of Dr. CARSWELL'S splendid work on *Pathological Anatomy* is published. The subject of the part is *Melanoma*, and the plates which it contains furnish between twenty and thirty examples of that morbid product, which Dr. C. divides into "true" and "spurious," as faithfully and admirably portrayed

Mr. Levison has lately published a small volume, entitled "Mental Culture," the object of which is to prove the advantage of applying "the Metaphysics of Phrenology to moral and intellectual training, and to point out that no great advancement can be made until education is founded on sound physiological *data*, such as are furnished by the discoveries of Gall."

In Mr. Rayner's case of paralysis of one side of the face, inserted in our last, it should have been stated that Mr. R. had been well *eight* years instead of *two*. The affection existed for *two* years.